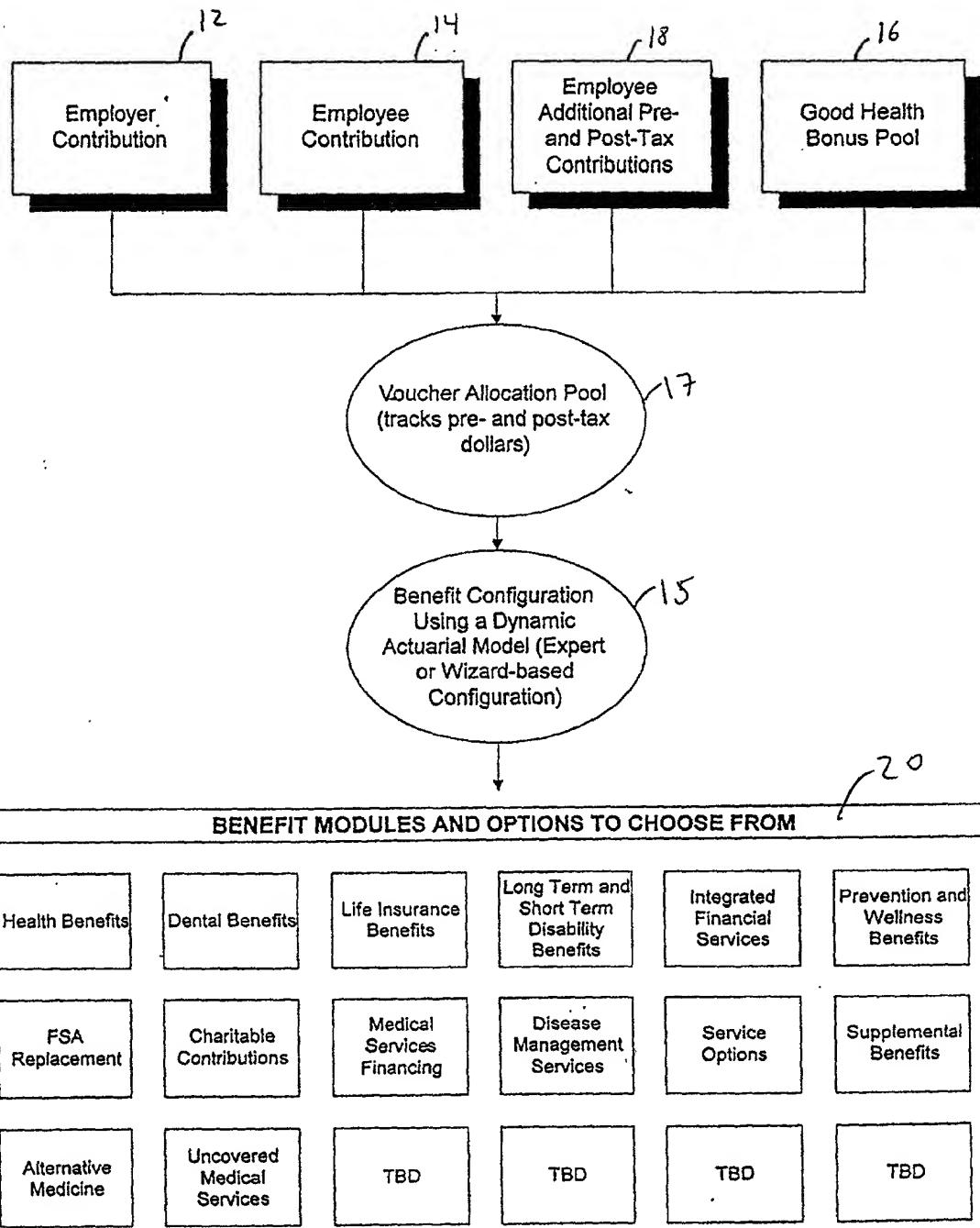
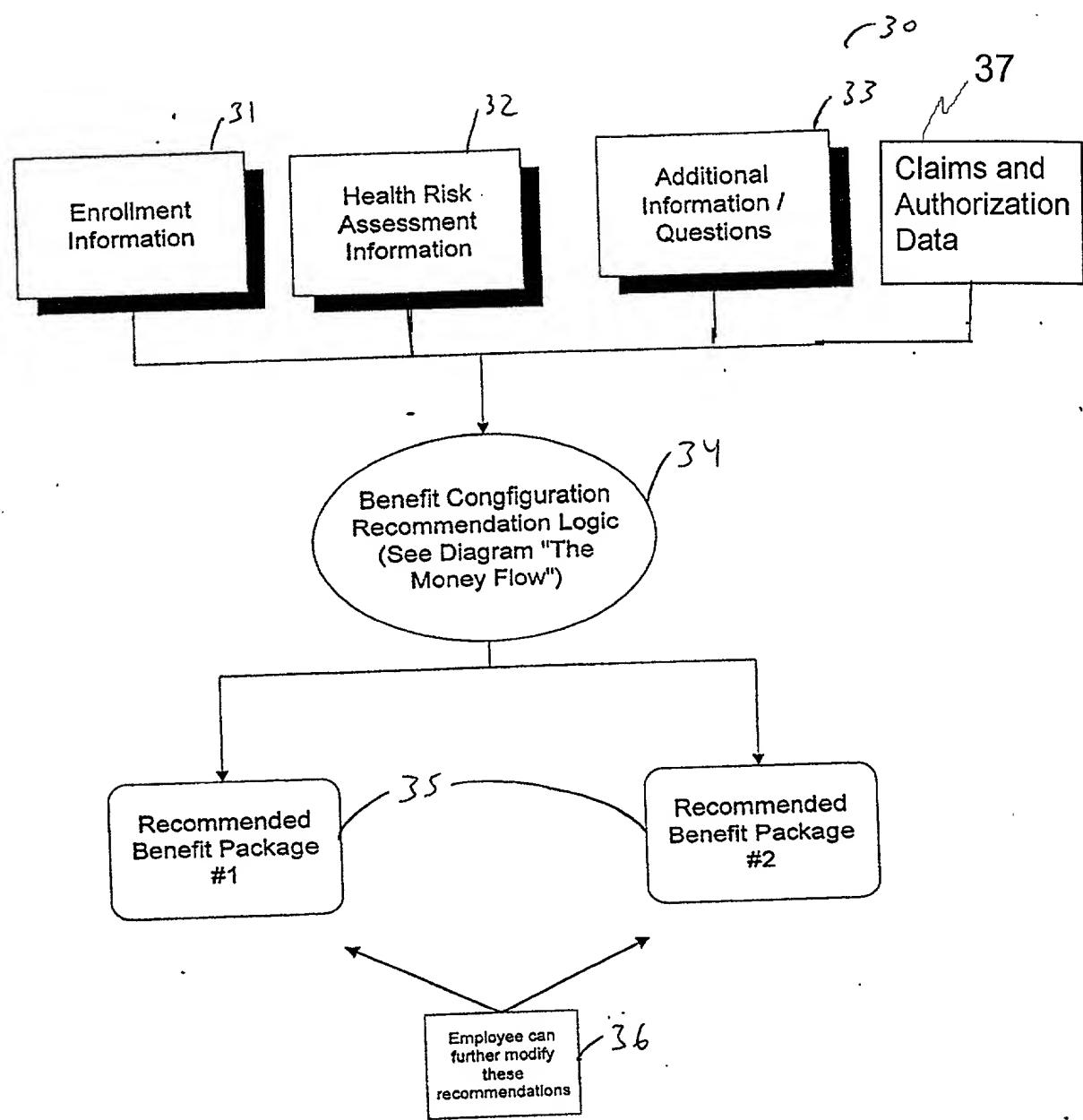


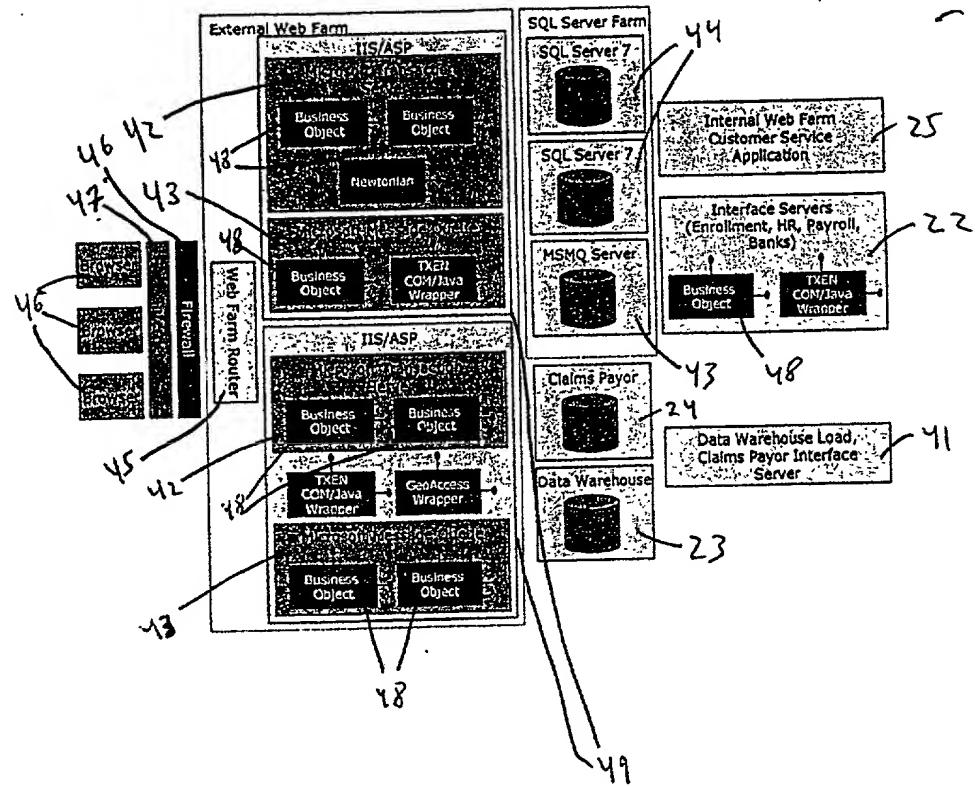
FIG. 1



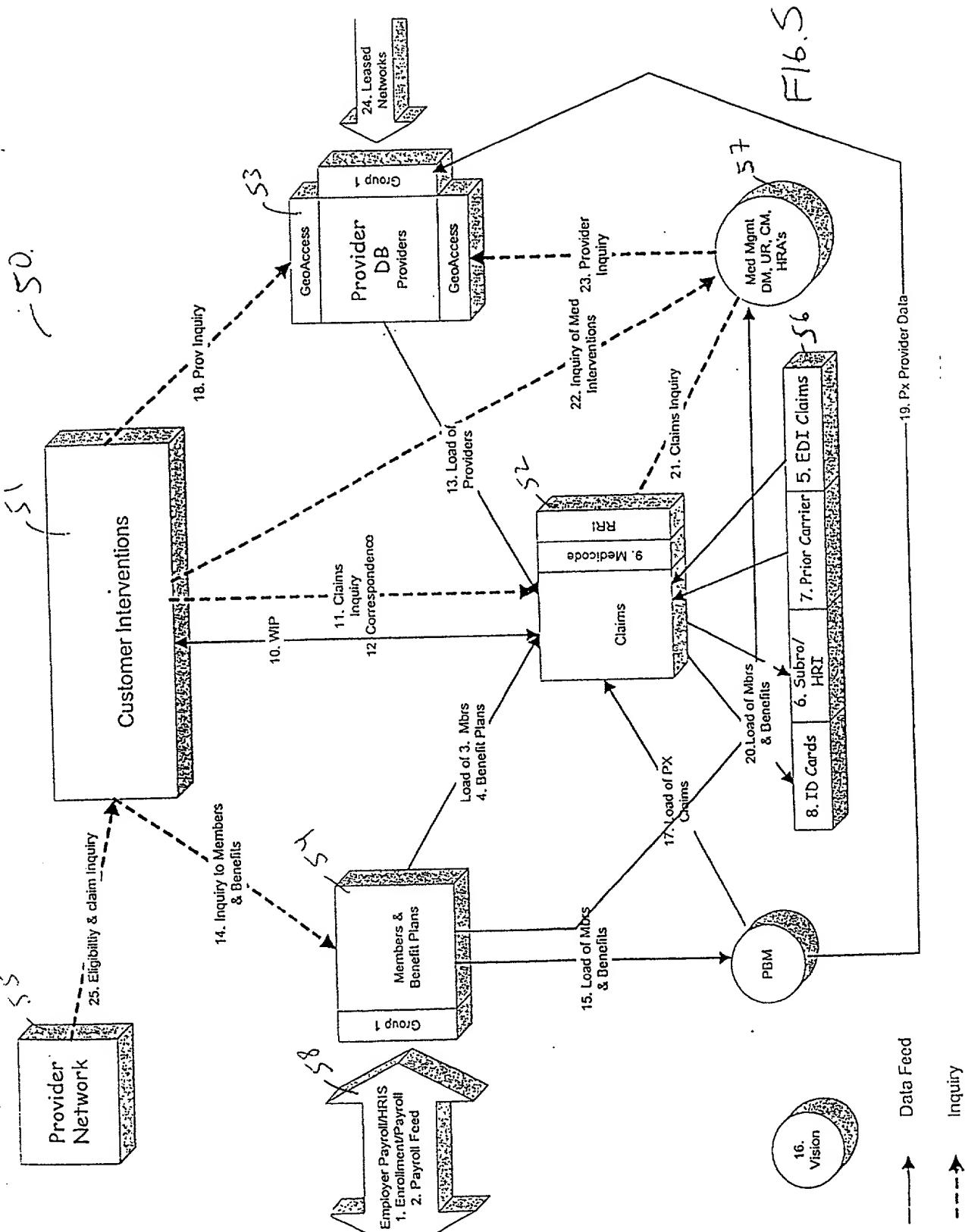
E16.2

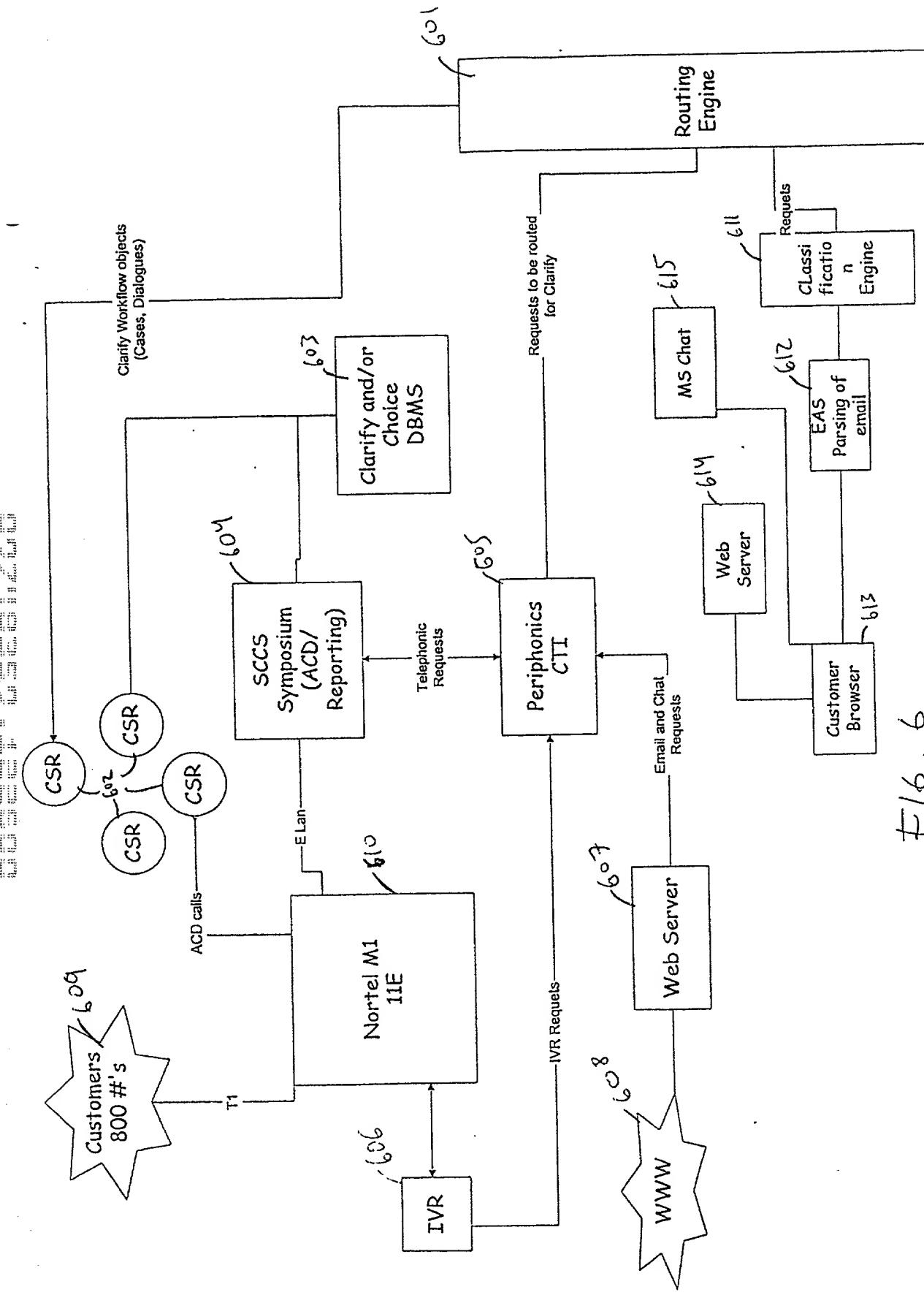


F16. 3



F16.4





166

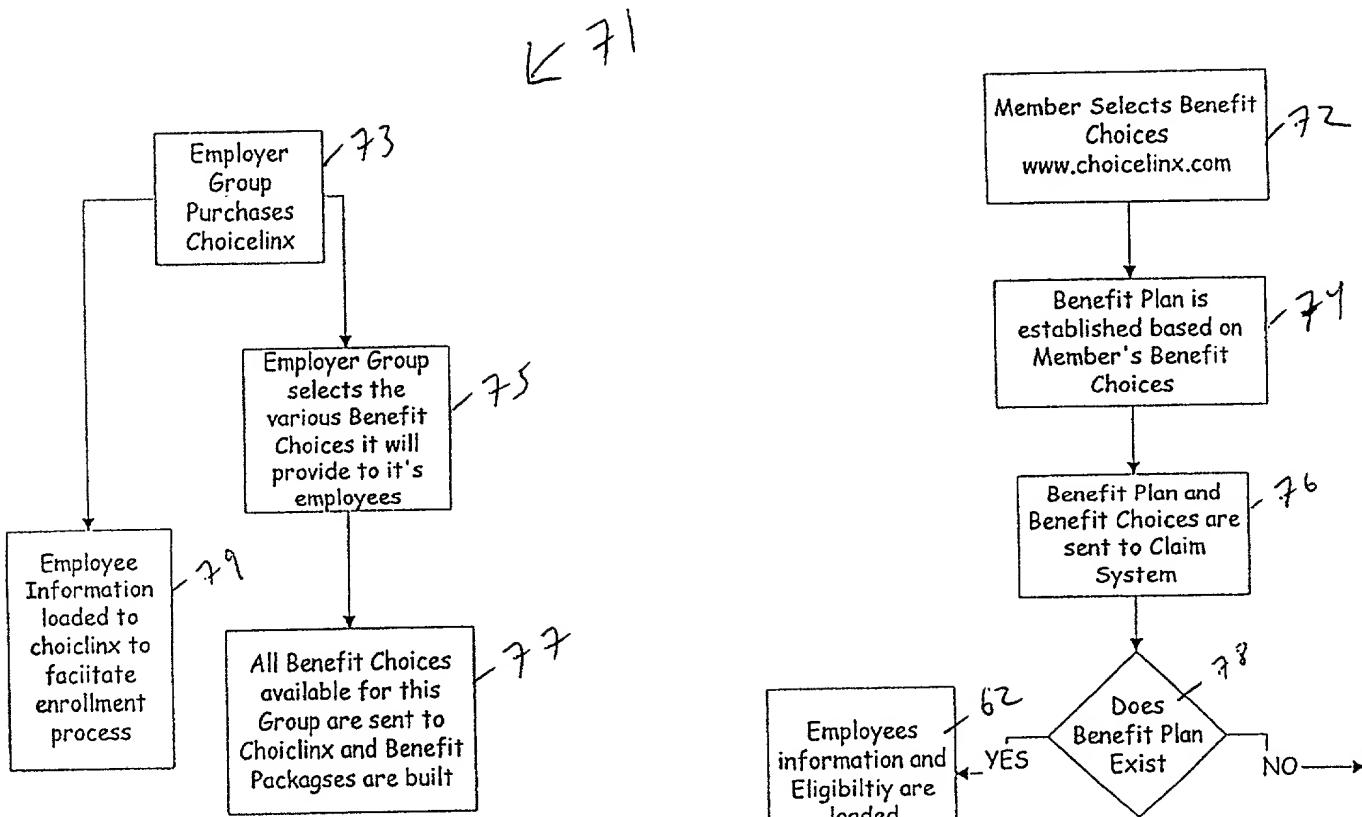


FIG. 7A

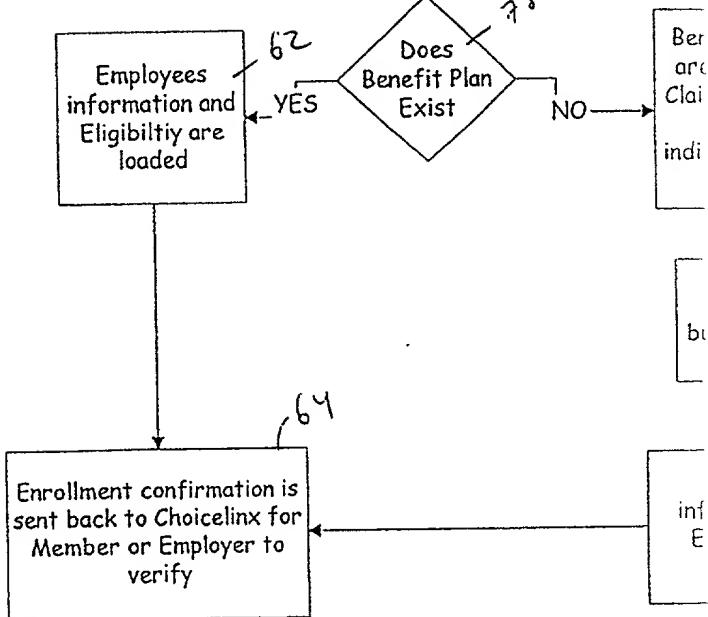
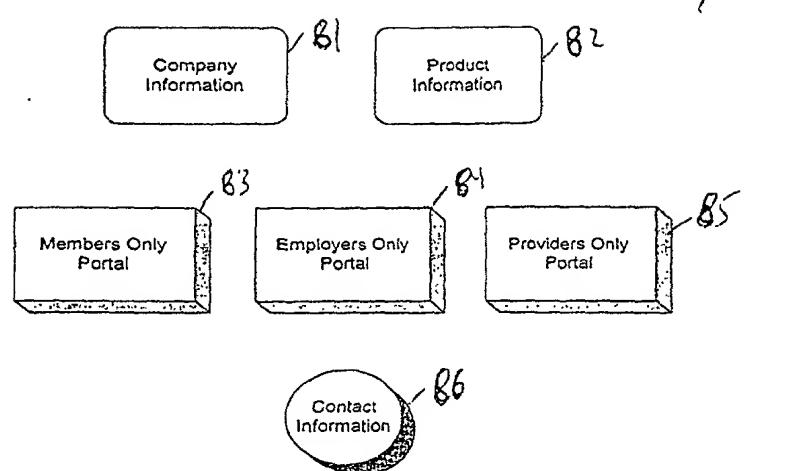
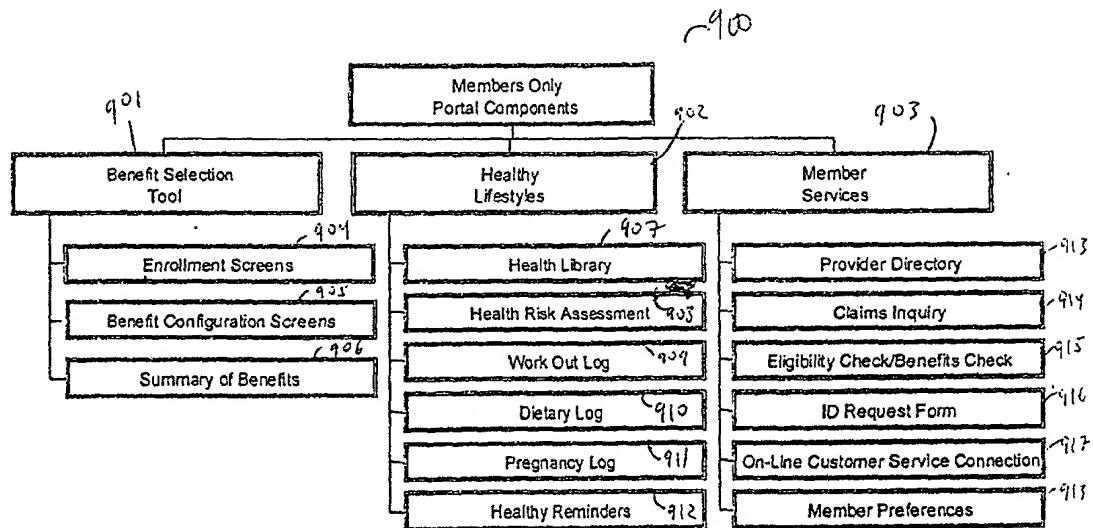


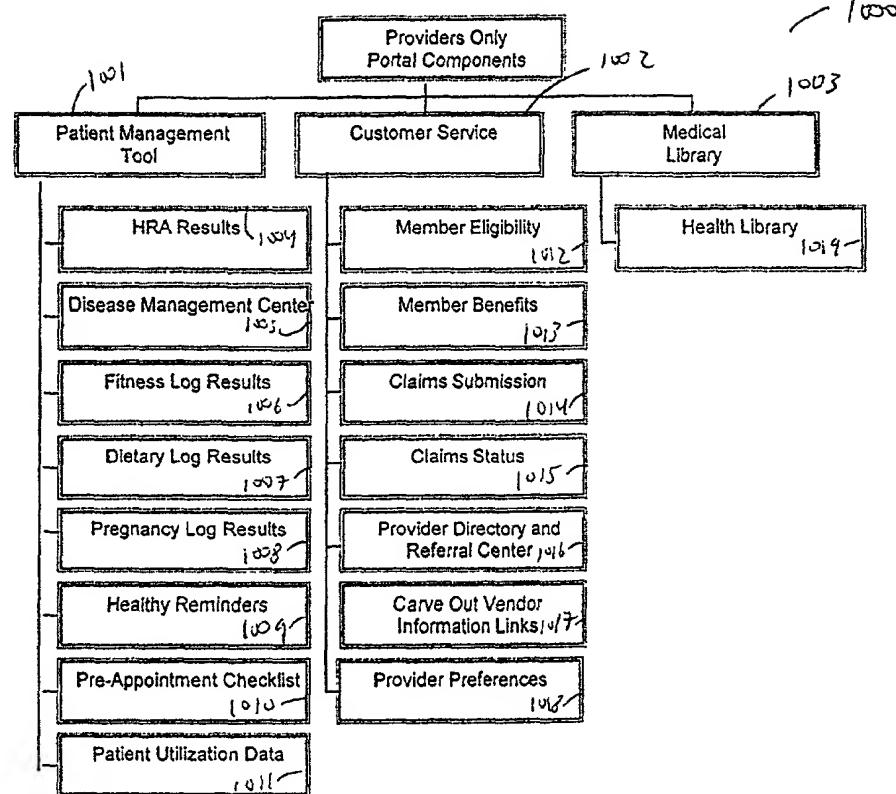
FIG. 7B



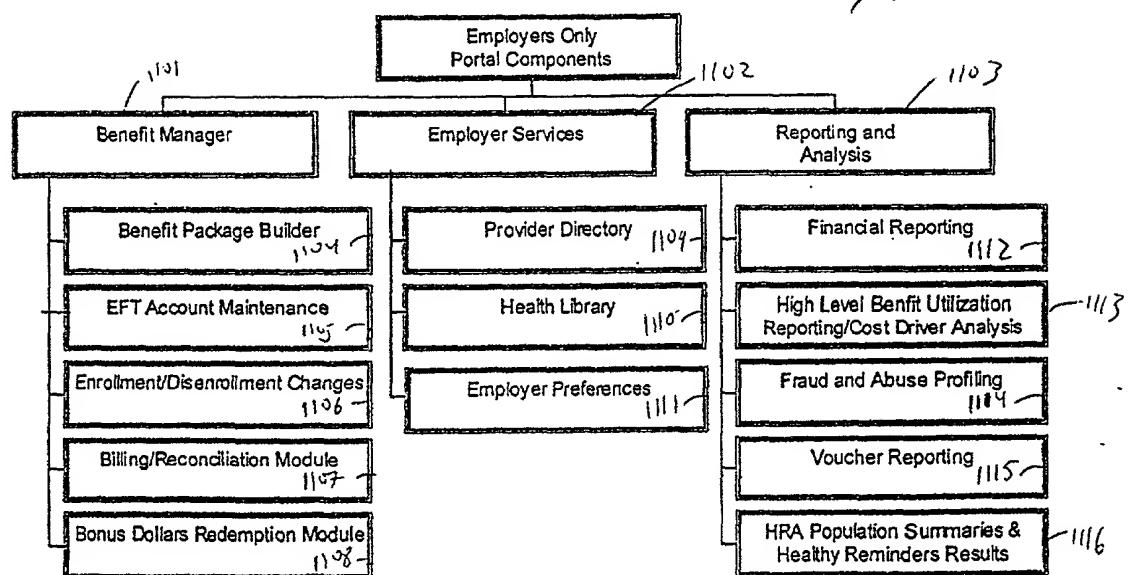
E16.8



E16.9

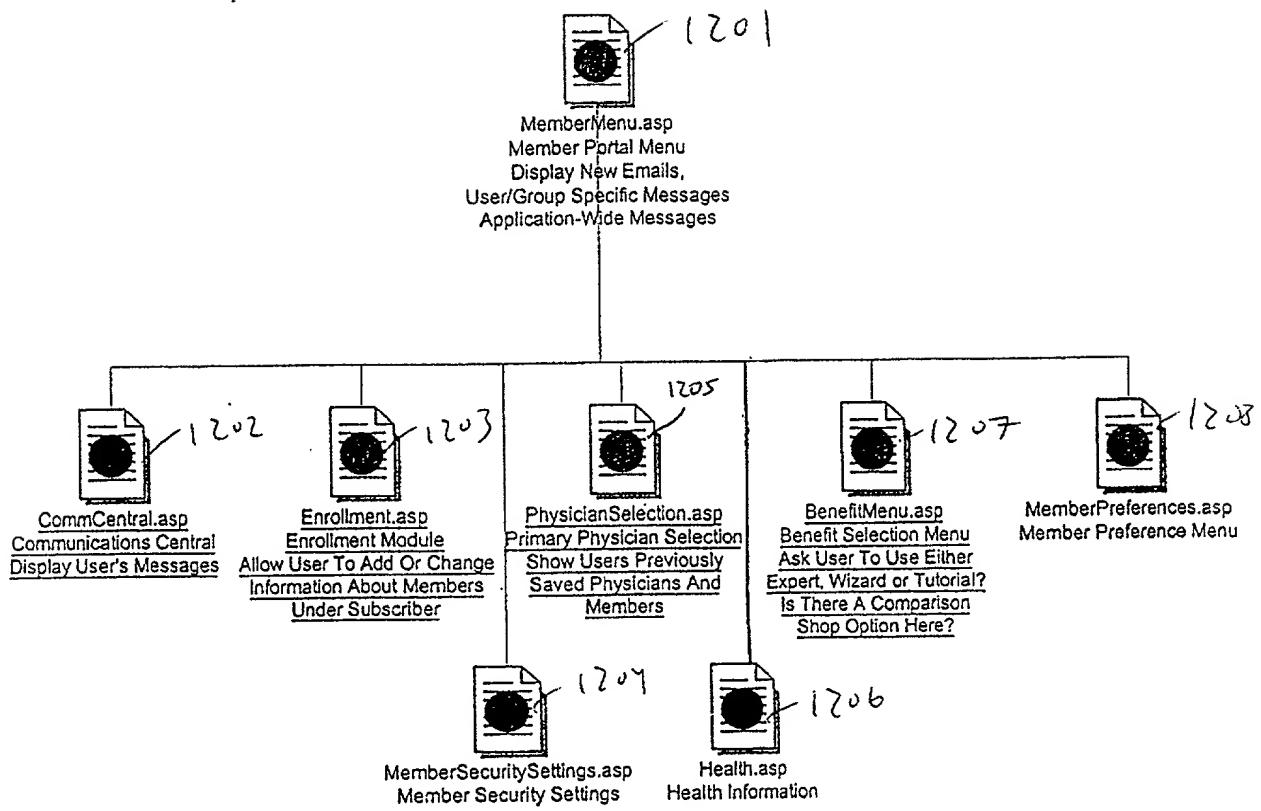


F16.10



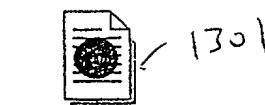
F16.11

— 120



E16.12

130



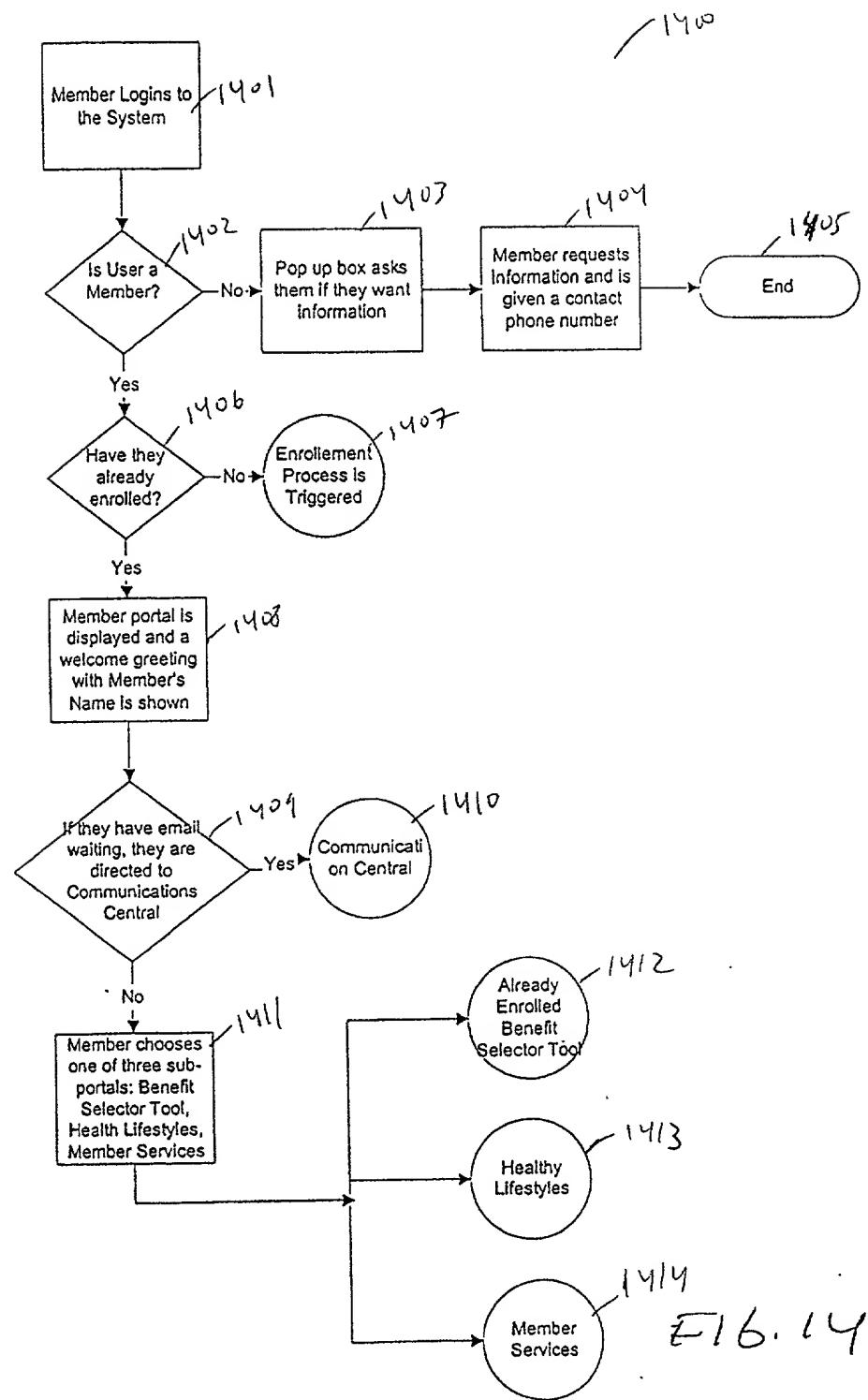
Any Web Page.asp
Performs Security
Check On Session

Security Issue Found

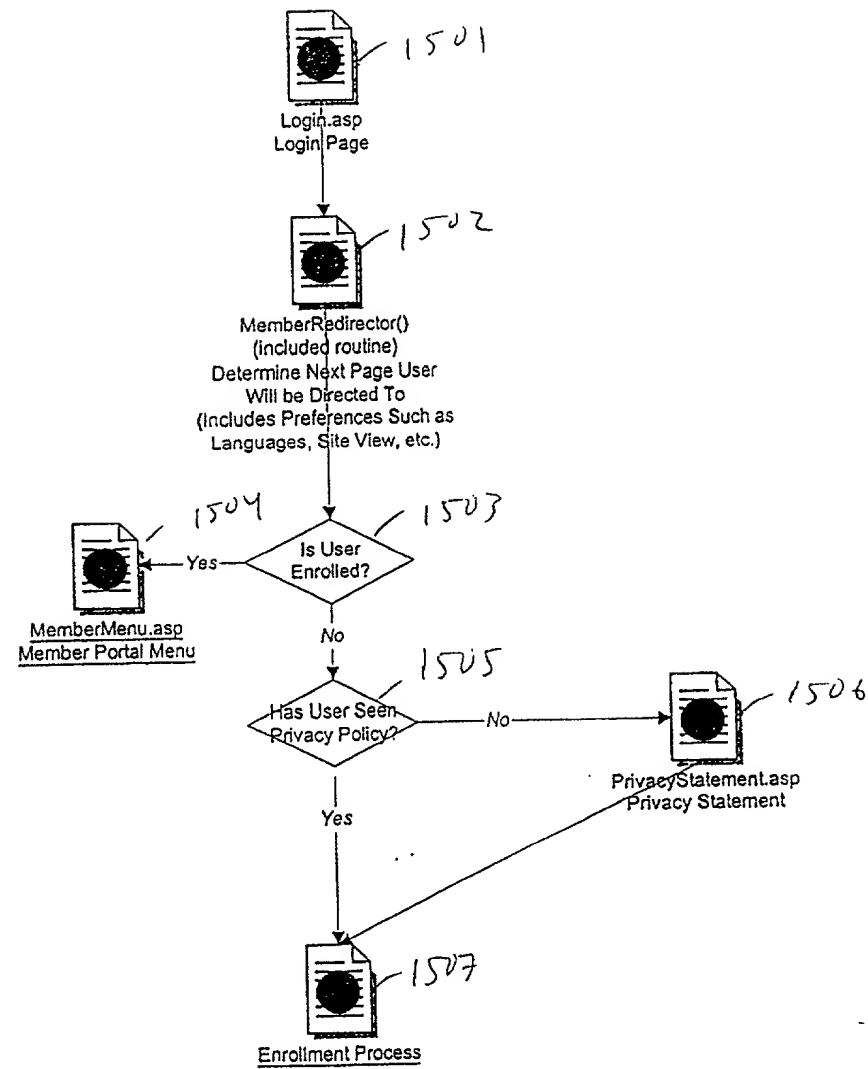


SecurityIssue.asp
In Almost All Cases, This Will
Be A Member Who
Doesn't Have Access To
Change Enrollment
Or Benefit Information.
Send To Page Explaining
Issue And Perhaps Telling
Them Who Under Their Subscriber
Does Have Access To The
Process They Were Trying To
Access

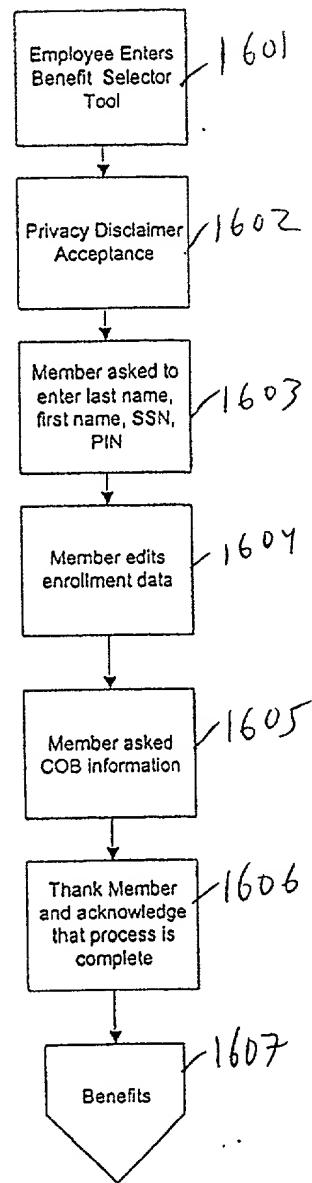
F16.13



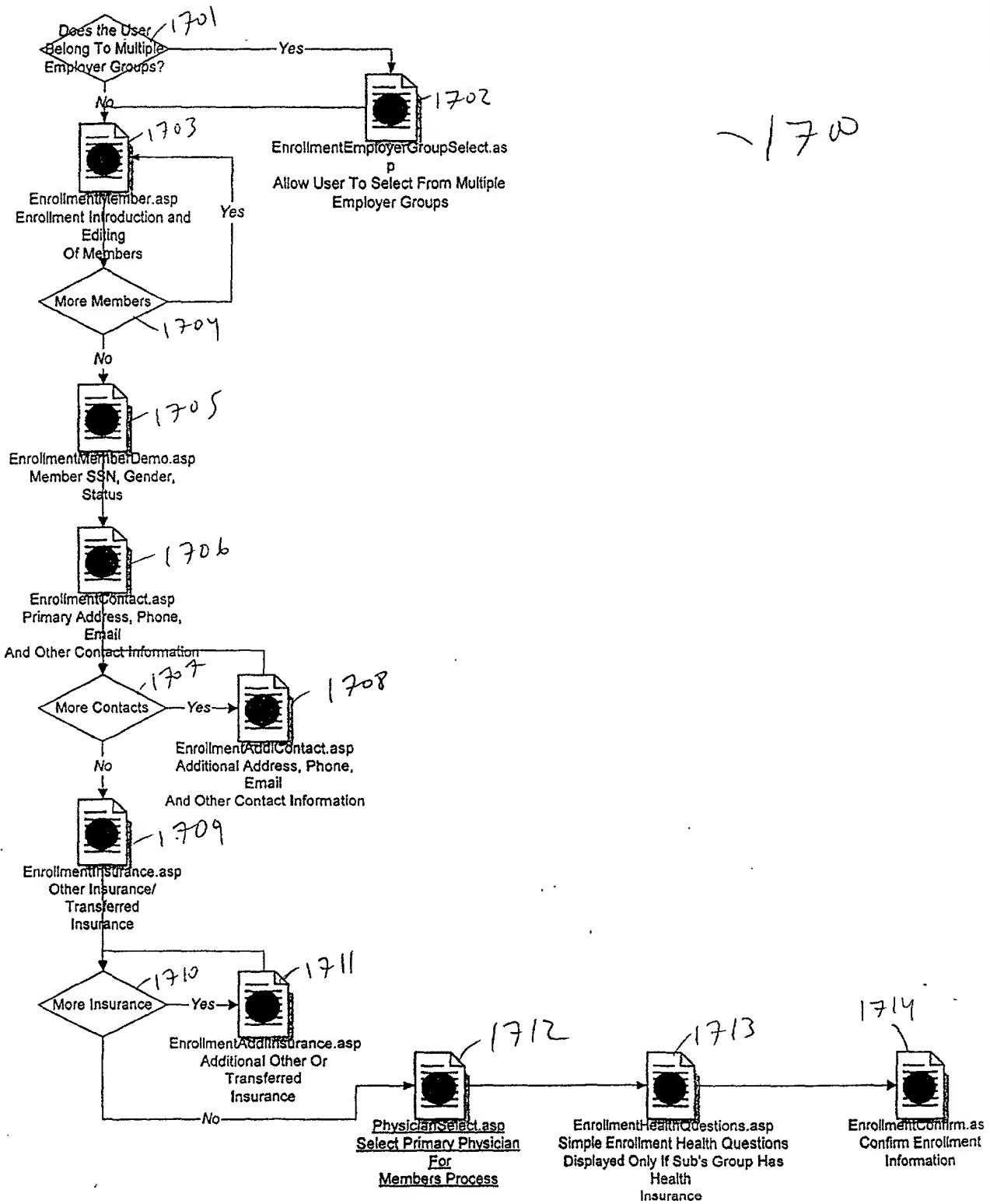
~1500



FL6.15



E16.16



P16.1DA

| | |
|-----------------------------------|----------|
| Sign up for our e-mail newsletter | checkbox |
| choose benefits | button |
| signing up | button |
| funding a provider | button |
| living healthy | button |
| customer care center | button |

about us home

your privacy about us home

about us home

signing up menu

about you

Here's where you provide us with information about yourself. Please be sure all information is entered accurately.

| | | | |
|-------------------------------|--------|--------------|--------|
| you tell us | | | |
| first | m.i. | last | suffix |
| Jack | | W. Smith | Jr. |
| -1721 | | | |
| social security number | | | |
| 003 54 2356 -1726 | | | |
| do you have a disability? | | | |
| r yes r no | | | |
| do you have a preferred name? | | | |
| -1727 | | | |
| (click "name") | | | |
| date of birth (mm/dd/yyyy) | 25 | 1968 | -1722 |
| gender? | r male | r female | -1723 |
| marital status? | -1724 | | |
| what is your email address? | -1725 | | |
| jsmith1 | @ | mediaone.net | |

questions

(end) end end

If you have any special circumstances or court imposed obligations, please contact our Customer Care Center upon completion of Signing Up to make any special arrangements.

Customer Care Center

next ►

back

Fig 17B

F1617C
1730

Signing up

Contacting you

signing up
menu

about you

contacting you

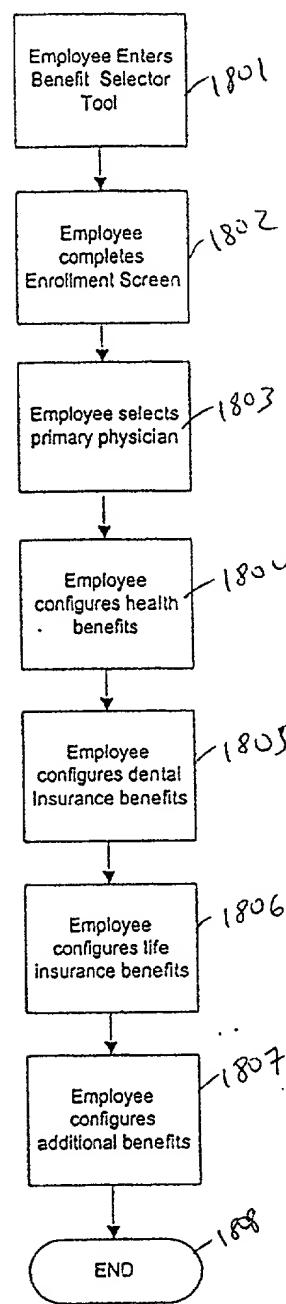
your other
lovers

your doctor

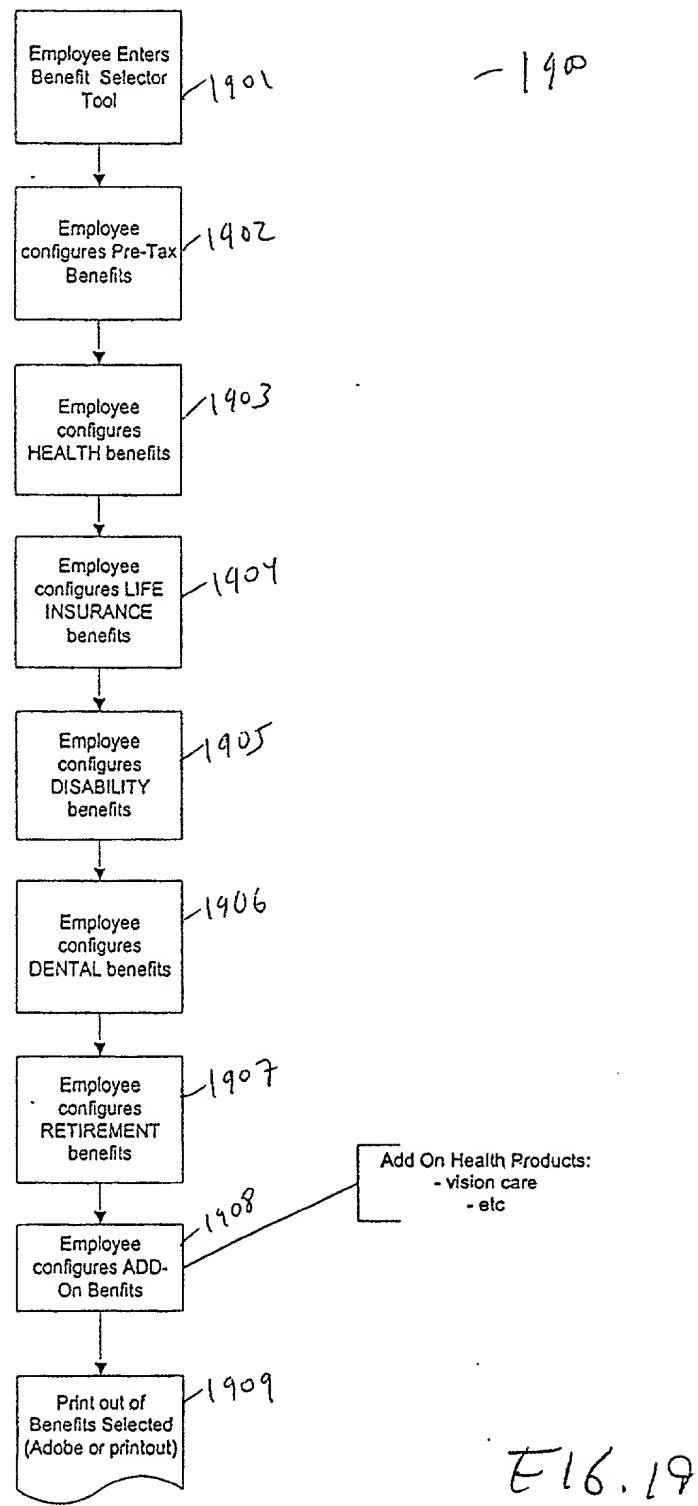
your summary

why do
we ask?

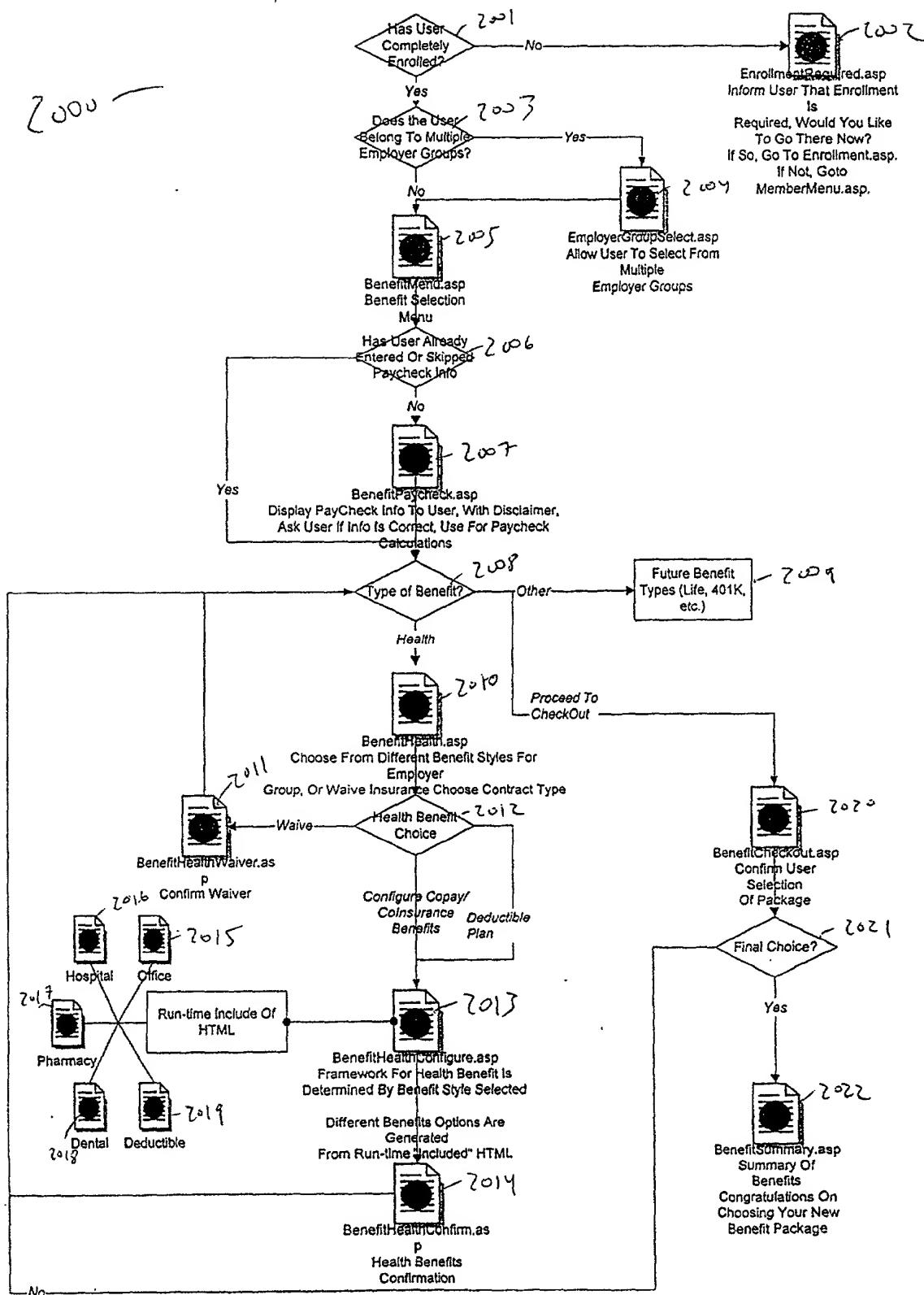
| | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|-------|
| you tell us | you tell us | | | |
| address | /1731 | | | |
| address line 1 | 1000 Elm Street | | | |
| address line 2 | | | | |
| city | Manchester | | | |
| state | NH | | | |
| zip code (+4) | 03101 | 0206 | | |
| what is this type of address? | /1732 | | | |
| mailing | business | shipping | school | /1732 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| who uses this address? | /1733 | | | |
| Jack | Jane | Tom | Alyssa | All |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| address | /1731 | | | |
| address line 1 | 1000 Elm Street | | | |
| address line 2 | | | | |



F16.18



E16.19



FL6, 20A

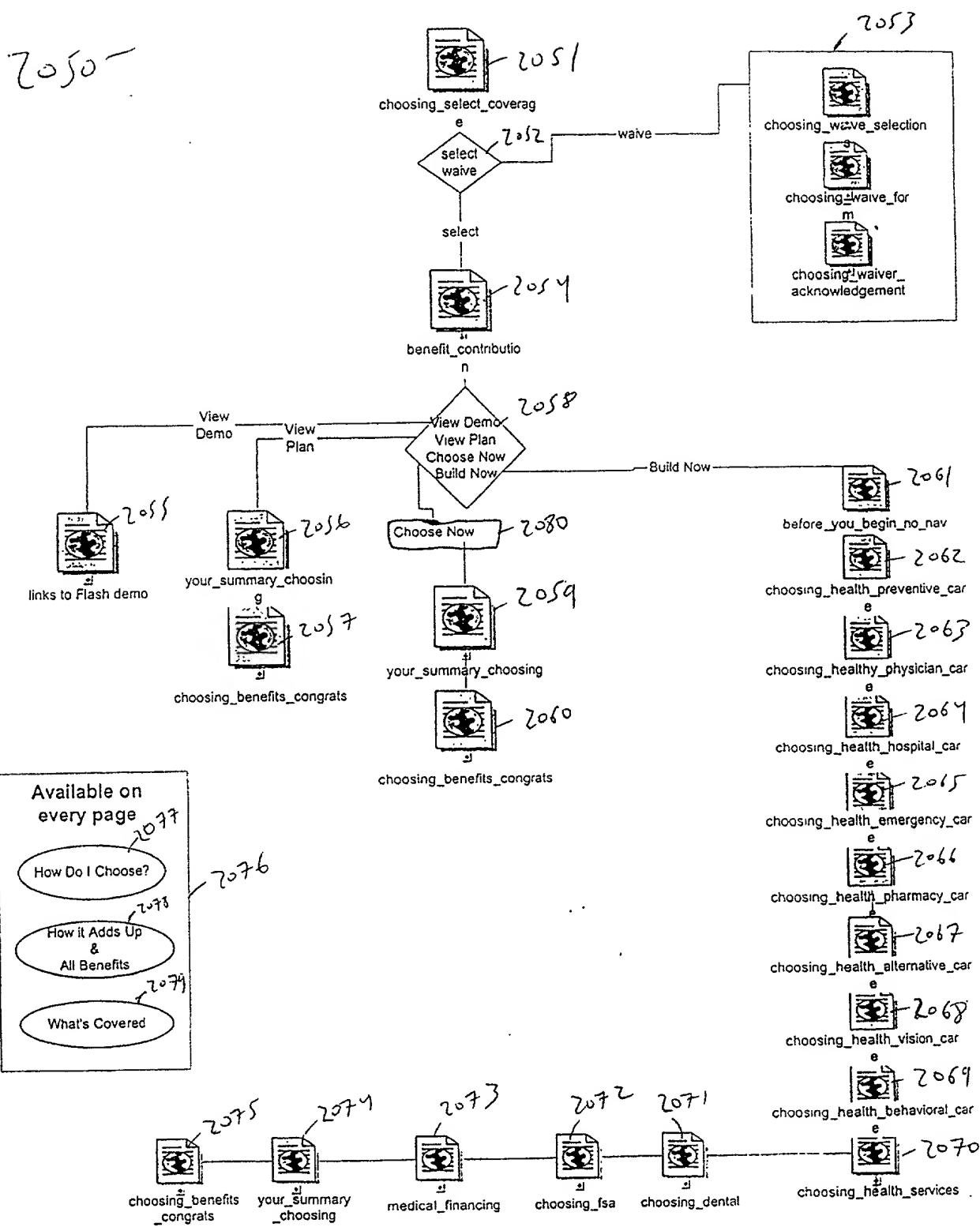
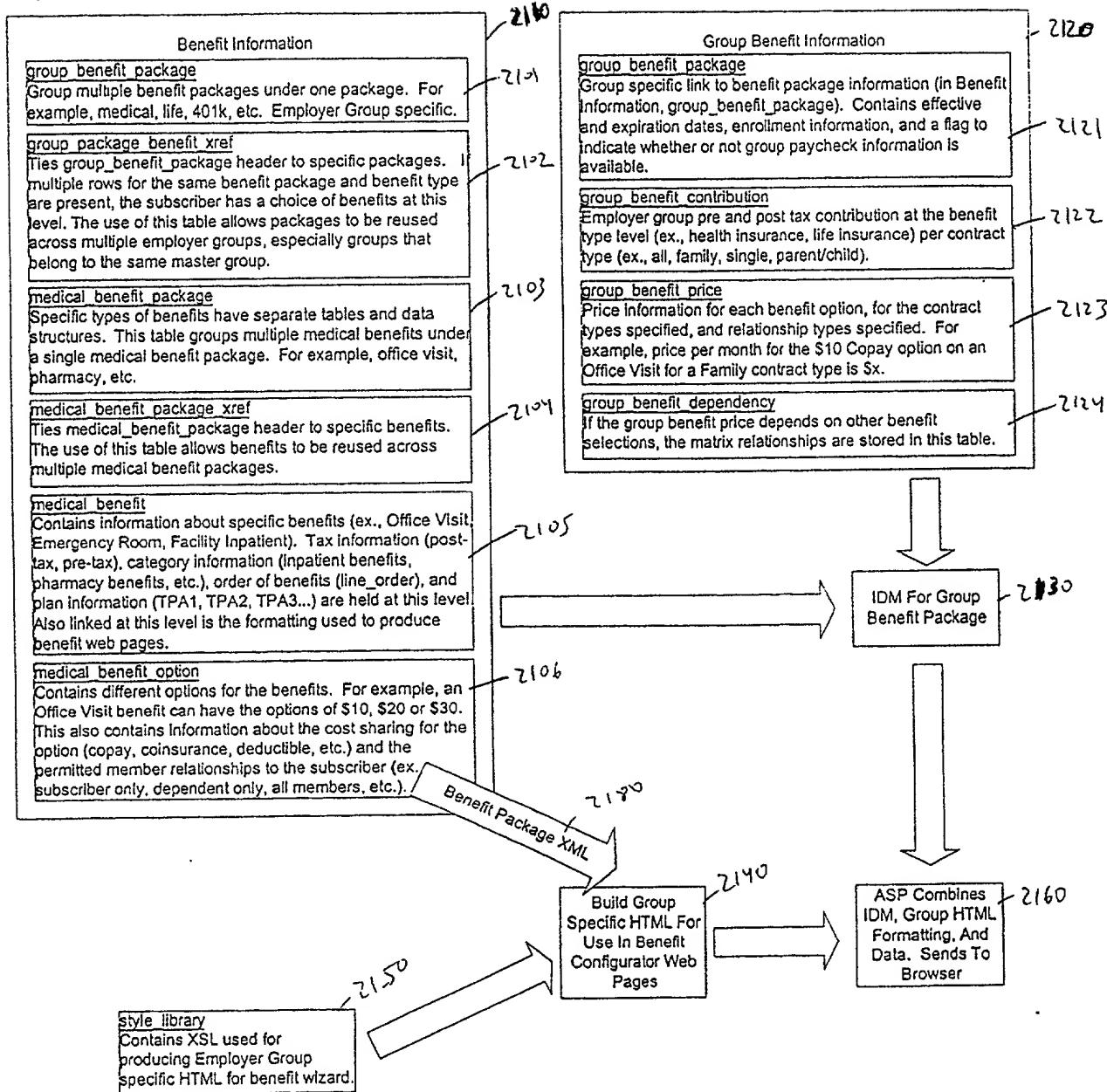
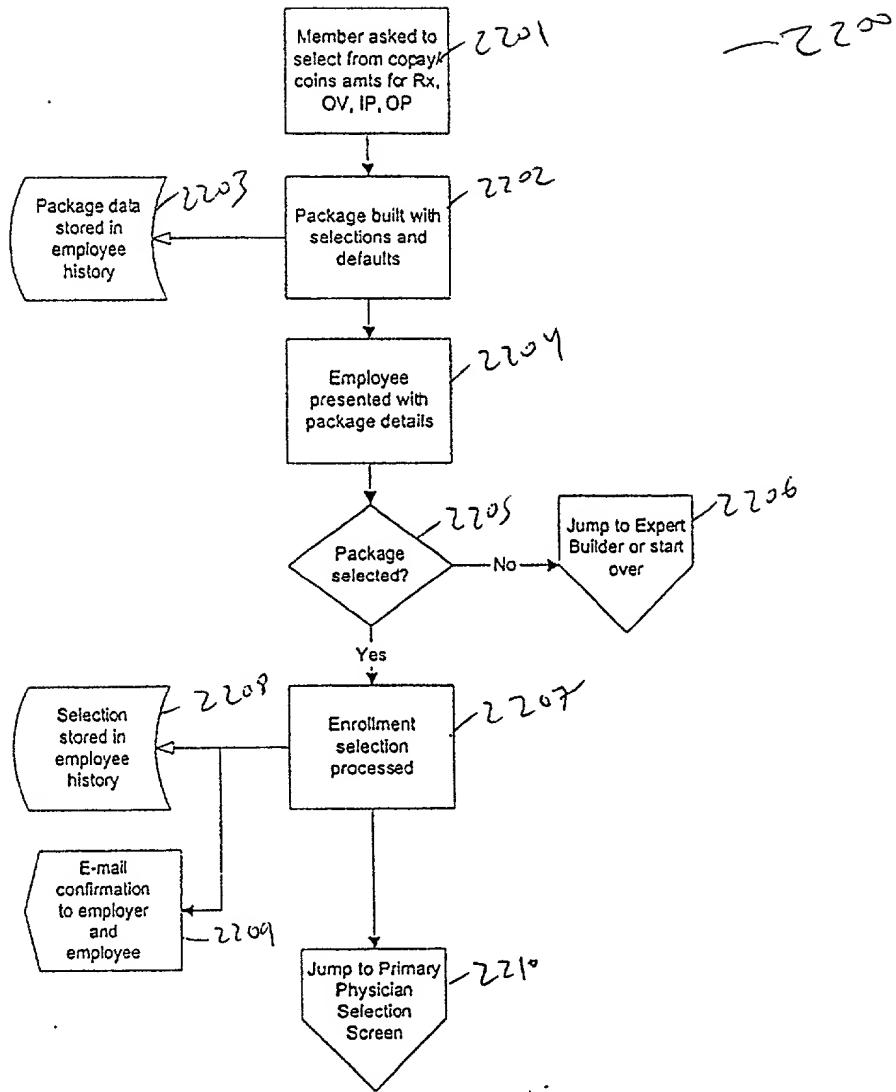


FIG. 20B



E16.21



E16.22f

getting started

Build A Plan That Is Right For You

choosing benefits

1 You decide what your benefit contribution will be.

Your employer has given you a fixed amount to spend on your benefits, but you ultimately decide what level of coverage you want for each benefit.

2220 → 2221 → 2222 →

| Benefit | Your Employer's Contribution (2001) | Your Estimated Contribution (2001) | Your Contribution Last Year (2000) |
|---------|-------------------------------------|------------------------------------|------------------------------------|
| Health | \$2,400 | \$xxx to \$yyy | \$xxx |
| Dental | \$180 | \$xxx to \$yyy | \$xxx |
| Total | \$2,580 | \$xxx to \$yyy | \$xxx |

2 The choice is yours.

Where you receive care (and by whom) is entirely up to you. However, receiving care by an In-Network provider will reduce your out-of-pocket expenses.

In-Network

- Your out-of-pocket expenses (i.e. copays and cost-share amounts) are chosen by you for each benefit
- NO referrals are needed
- You can determine if your doctor is In-Network by selecting *Finding A Provider* at the top of every page

Out-of-Network

fig. 22 C

your privacy about us home accessibility complaints officer

~~Index~~

► choosing benefits menu

Health
physician care

Physician Care is that care which is provided by your physician or a physician to whom you have been referred. This care is most frequently provided in a physician's office. (223)

choosing benefits

Primary physician care

Physician Care is that care which is provided most frequently.

choosing benefits

in you have been referred
123

- **Healthcare** > **Health**
 - **preventive care**
 - **physician care**
 - **hospital care**
 - **emergency care**
 - **pharmacy care**
 - **alternative care**
 - **vision care**
 - **behavioral health care services**
 - **personalized services**

| Choose from the following benefits | | | |
|------------------------------------|----------------------|-------------|--|
| your network benefit | monthly benefit cost | your choice | |
| \$0.00 fixed copay | \$54.30 | | |
| \$10.00 fixed copay | \$47.47 | | |
| \$15.00 fixed copay | \$44.75 | | |

| What's covered: | ...more detail |
|------------------------------|----------------|
| Utilite Based Physician Care | |
| Specialty Care | |
| Maternity Care | |
| Oncology Services | |
| Dental/Hospitality | |

| | | | | | | | | | |
|---|--|---|---|-------------------------------|----------|---|----------|--|--|
|  2233 | how it adds up |  |  | | | | | | |
| | <p>what your employer contributes:</p> <table> <tr> <td>For All benefits</td> <td>\$400.00</td> </tr> <tr> <td>For Health used at work</td> <td>\$175.00</td> </tr> <tr> <td>what is deducted from your paycheck:</td> <td>\$144.00</td> </tr> </table> | For All benefits | \$400.00 | For Health used at work | \$175.00 | what is deducted from your paycheck: | \$144.00 | | |
| For All benefits | \$400.00 | | | | | | | | |
| For Health used at work | \$175.00 | | | | | | | | |
| what is deducted from your paycheck: | \$144.00 | | | | | | | | |
| | | | <p>For all benefits</p> | | | | | | |
| | | <p>For Health</p> | <p>\$144.00</p> | | | | | | |

Q How do I choose?"

questions



close window

how do I choose?

2260

Your benefits should reflect your life's needs and your individual family, health and financial situation. A single, healthy 20 year old, a family with four young children, newlyweds planning to have a baby, and a 45 year old person with diabetes have very different needs. That is why Choicelinx lets you pick the fixed copay and % of charge amounts that are right for you.

Ask yourself the following questions when choosing your benefit options:

- Do you have children who visit the doctor frequently for check-ups, ear infections or immunizations?
- Are you healthy and single?
- Are you married and planning to have children during the upcoming year?
- Do you or one of your covered family members have a health condition that requires frequent doctor visits or tests?
- Do you expect that you or a covered family member will be hospitalized during the year?
- From a budgeting standpoint: Is it easier to have more taken out of your paychecks with less for you to pay when you receive care or just the opposite?

2261

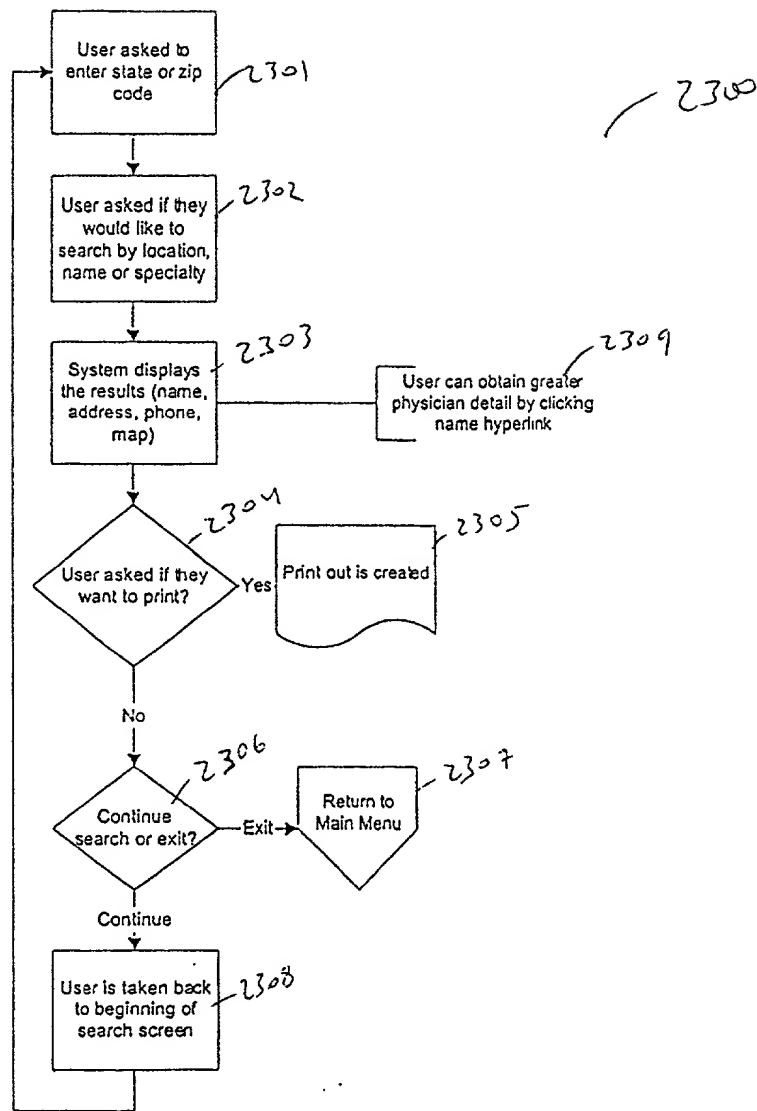
- Lower copays mean higher payroll deductions, but less you need to pay at the time of your visit
- Higher % of charge amounts mean lower payroll deductions, but more expense when you visit the hospital for tests or for an overnight stay
- Each health benefit category is for a different type of service. Take each into consideration when selecting your benefit. Look at what is covered and what is not covered for that category. Think about the cost to you on a weekly, monthly or annual basis. And think about the likelihood of needing those services during the year.

2262

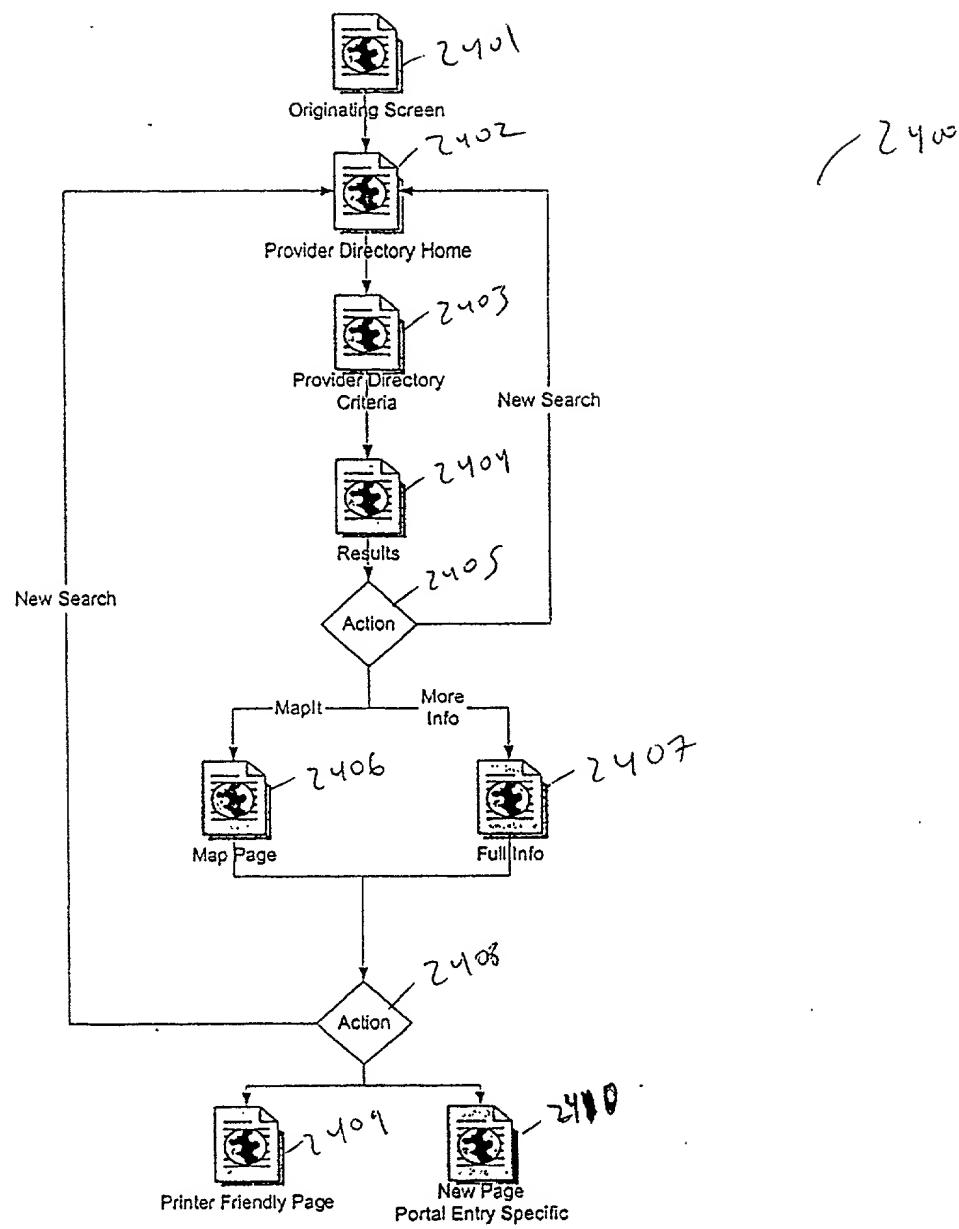
Also take into consideration:

Just remember - no matter what you choose - you will still end up with a comprehensive benefits plan that will cover you when you need it most.

close window



F16.23



F16.24

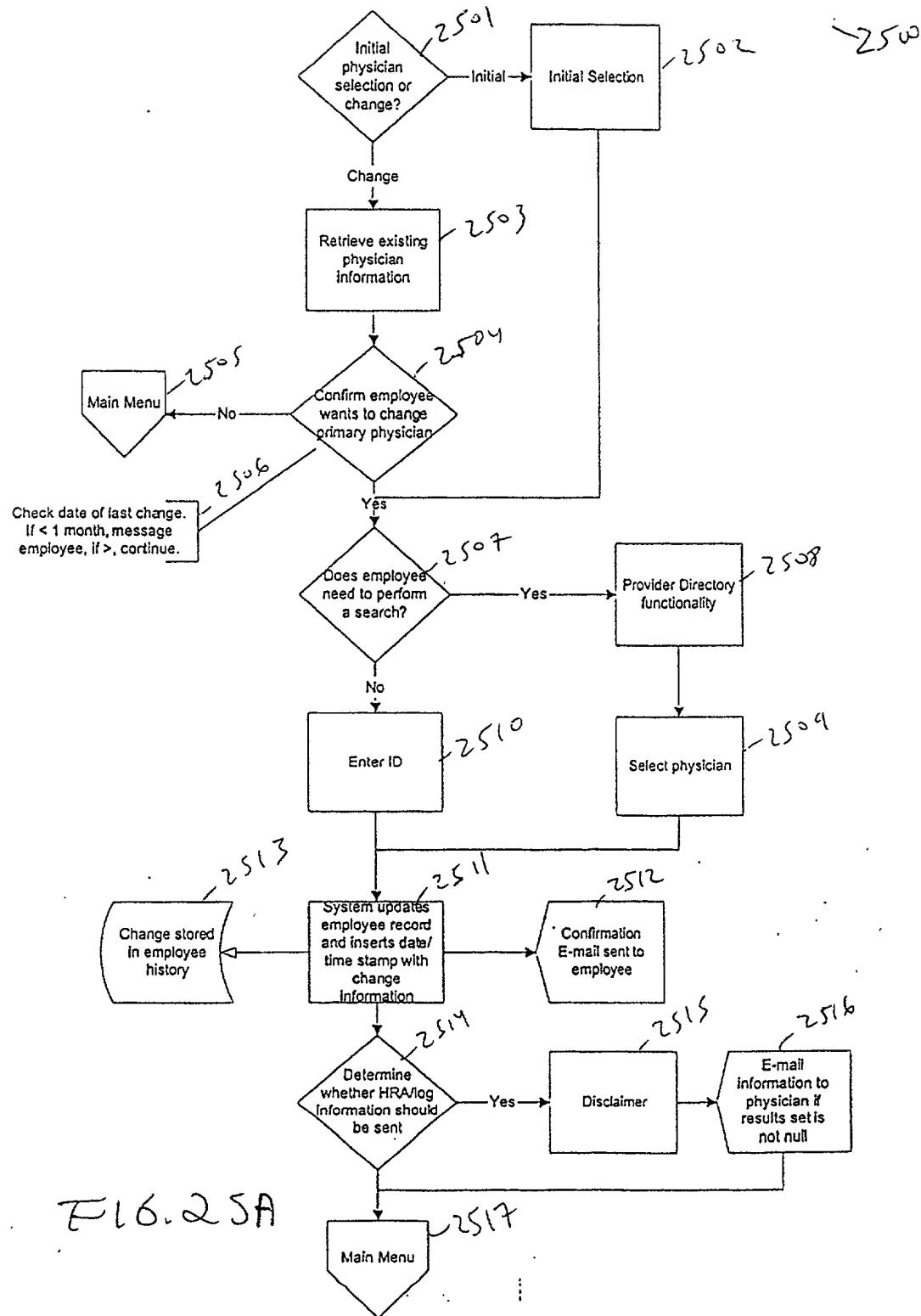


FIGURE B

the benefits choice

choosing benefits | signing up | finding a provider | living healthy | customer care center

your privacy | about us | home

Signing up menu

Your doctor

Below are the physicians you've already selected for the members associated with your account and search options to select a physician for your child(ren)

- about you
- contacting you
- your other coverage
- your doctor
- your summary

signing up

Your doctor

You may cancel your search by selecting cancel search below, and the physicians you have selected so far will remain.

| | | |
|-------------|--|------|
| you tell us | Primary physician selected for John Smith Yance, Mitchell Family Practice Manchester, MI 49101-1225 | 1751 |
| | Primary physician selected for Jane Smith Miller, Cherie Internal Medicine Manchester, MI 49104 | 1752 |
| | Search for a primary physician for Jessica Smith  or  | 1753 |

why do
we ask?

questions
?

(858) 658-0000

skim@state.mn - 1754

7/9/2001

Choicelinx
the benefits choice

choosing benefits

signing up | finding a provider | having healthy | customer care center

your privacy | about us | home

signing up
menu

Congratulations! You have just completed the Choicelinx Signing Up process! → 2271

You will be receiving your membership identification card shortly.

With Choicelinx, you have 24 hour access to your benefits information. You also have the opportunity to have a detailed summary of your benefits plan sent to you.

- Your member card/statement
 - No thank you.
 - No thank you. I will use it on-line. (available now)
 - Yes, e-mail a copy to me. (1 day)
 - Yes, send a copy to my preferred address. (3-4 weeks)
- your doctor
- your summary

? questions
(888) 888-8888

back | next →

...about your student status?

Children may not be eligible for coverage on a subscriber's plan unless they are full-time students. Please refer to your employer's benefit guide for specific details regarding student eligibility.

...about your spouse's employment status?

If your spouse has health care benefits, we can appropriately coordinate coverage at Choicelinx.

...about disabilities?

If you have a disability, you are entitled to reasonable accommodations that will enable you to understand and access your Choicelinx benefits. We need to know what kinds of accommodations you may require. In addition, if you have a disability, you may be entitled to an extended COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage period. COBRA is a federal law that requires an employer to offer employees the option to continue with existing insurance benefits for a designated period of time at the group rate. In addition, disabled dependents over the age of 19 may have extended eligibility benefits through your employer.

...for your e-mail address?

If you have e-mail, it is the most efficient way to stay in touch with Choicelinx. Our Customer Service Advocates are able to e-mail you enrollment confirmations, reminders about important health events and answers to your e-mailed questions. We use U.S. mail and the telephone to communicate with customers who do not utilize e-mail.

...about the type of health coverage you want?

Your coverage selection determines the enrollment web pages you will complete. You will avoid unnecessary steps by letting us know your selection right up front.

[close window](#)

FIG. 22H

[close window](#)

11/11
The Benefits Exchange

Why do we ask?

2280

...about your vital statistics?

We need to know your name, date of birth, social security number and gender to identify you and make sure that our records are accurate. Just as important, this information helps us provide you with services that are tailored to someone of your age and gender.

...about your student status?

Children may not be eligible for coverage on a subscriber's plan unless they are full-time students. Please refer to your employer's benefit guide for specific details regarding student eligibility.

...about your spouse's employment status?

If your spouse has health care benefits, we can appropriately coordinate coverage at Choicelinx.

...about disabilities?

If you have a disability, you are entitled to reasonable accommodations that will enable you to understand and access your Choicelinx benefits. We need to know what kinds of accommodations you may require. In addition, if you have a disability, you may be entitled to an extended COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage period. COBRA is a federal law that requires an employer to offer employees the option to continue with existing insurance benefits for a designated period of time at the group rate. In addition, disabled dependents over the age of 19 may have extended eligibility benefits through your employer.

...for your e-mail address?

If you have e-mail, it is the most efficient way to stay in touch with Choicelinx. Our Customer Service Advocates are able to e-mail you enrollment confirmations, reminders about important health events and answers to your e-mailed questions. We use U.S. mail and the telephone to communicate with customers who do not utilize e-mail.

...about the type of health coverage you want?

Your coverage selection determines the enrollment web pages you will complete. You will avoid unnecessary steps by letting us know your selection right up front.

[close window](#)

Preventive Care

Annual physicals - Your office visit copay will apply for this visit (adults and children over the age of 2)

What's Covered

- Annual Physical Examinations - for all adults and children over the age of 2
- Laboratory Services
- Radiology

[back to top](#)

2292

Allergy Testing and Injections - Your office visit copay will apply for this visit

What's Covered

- Allergy Testing
- Allergy Shots
- Professional Services
- All materials associated with allergy testing

[back to top](#)

2293

Routine Annual Gynecological Exams - Your office visit copay will apply for this visit

What's Covered

- Annual routine gynecological exams
- Doctors visit
- Pap Test
- Mammograms

[back to top](#)

2294

Immunizations and Injections - Your office visit copay will apply for this visit

What's Covered

- Therapeutic Injections
- Immunizations (tetanus, hepatitis, influenza)
- Professional Services
- Materials associated with those Injections when administered by your physician or attending staff

[back to top](#)

2295

What's Not Covered

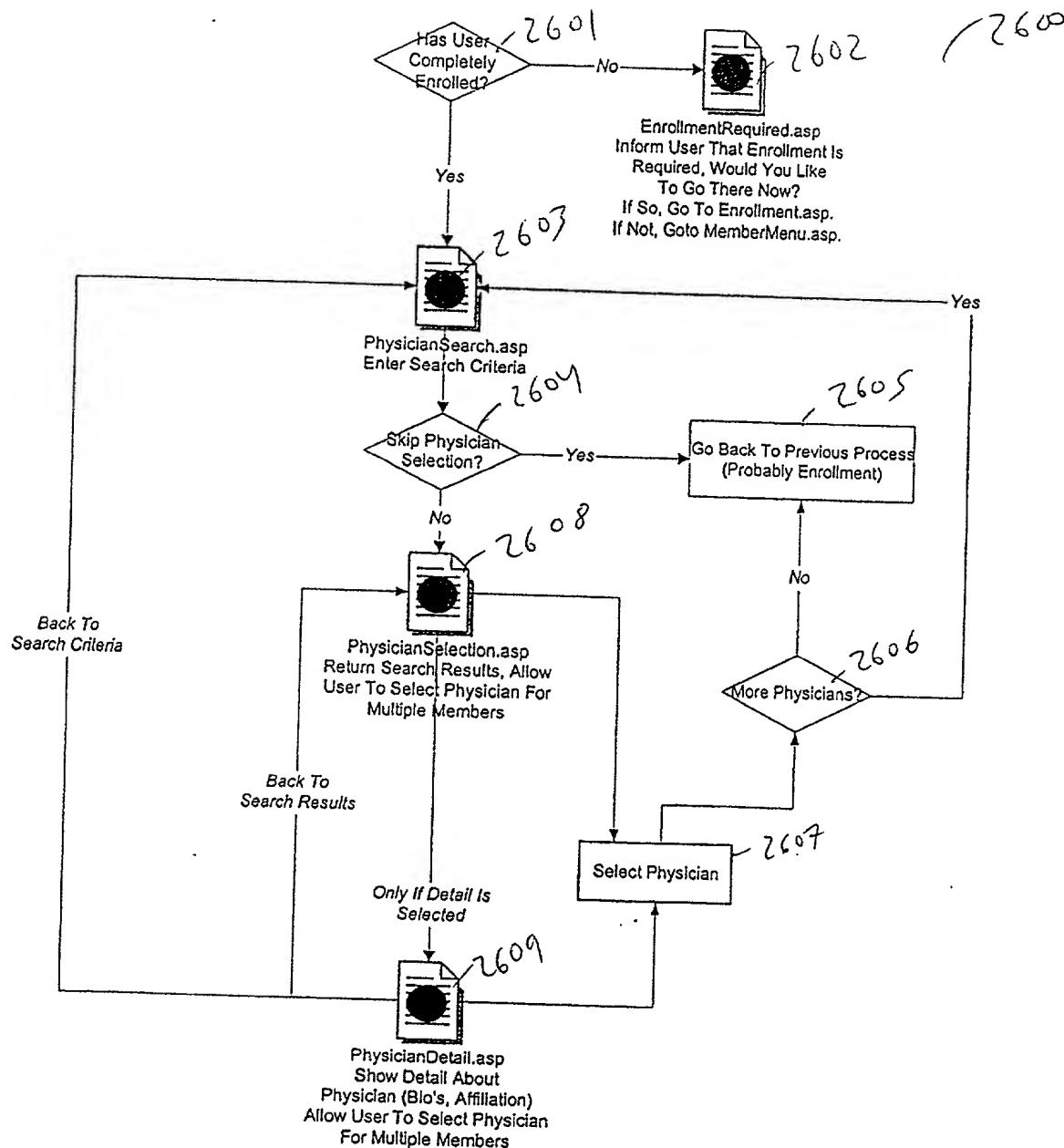
- 3rd Party Exams - (camp and insurance)
- Flight Physicals
- Sports Physicals

What's Not Covered

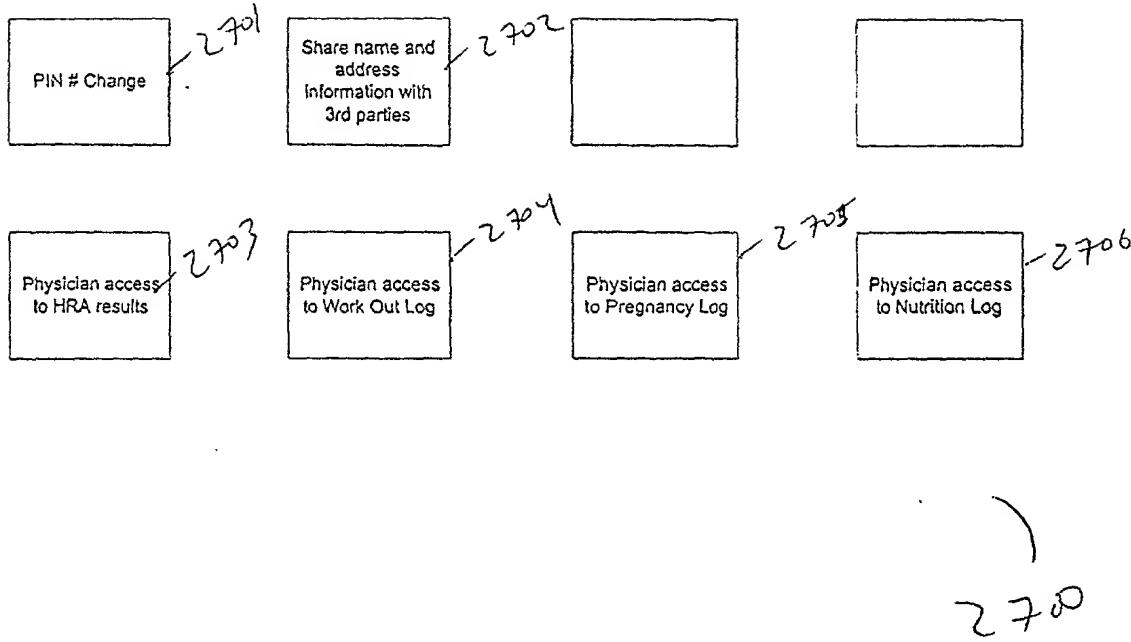
- Allergy Serum

What's Not Covered

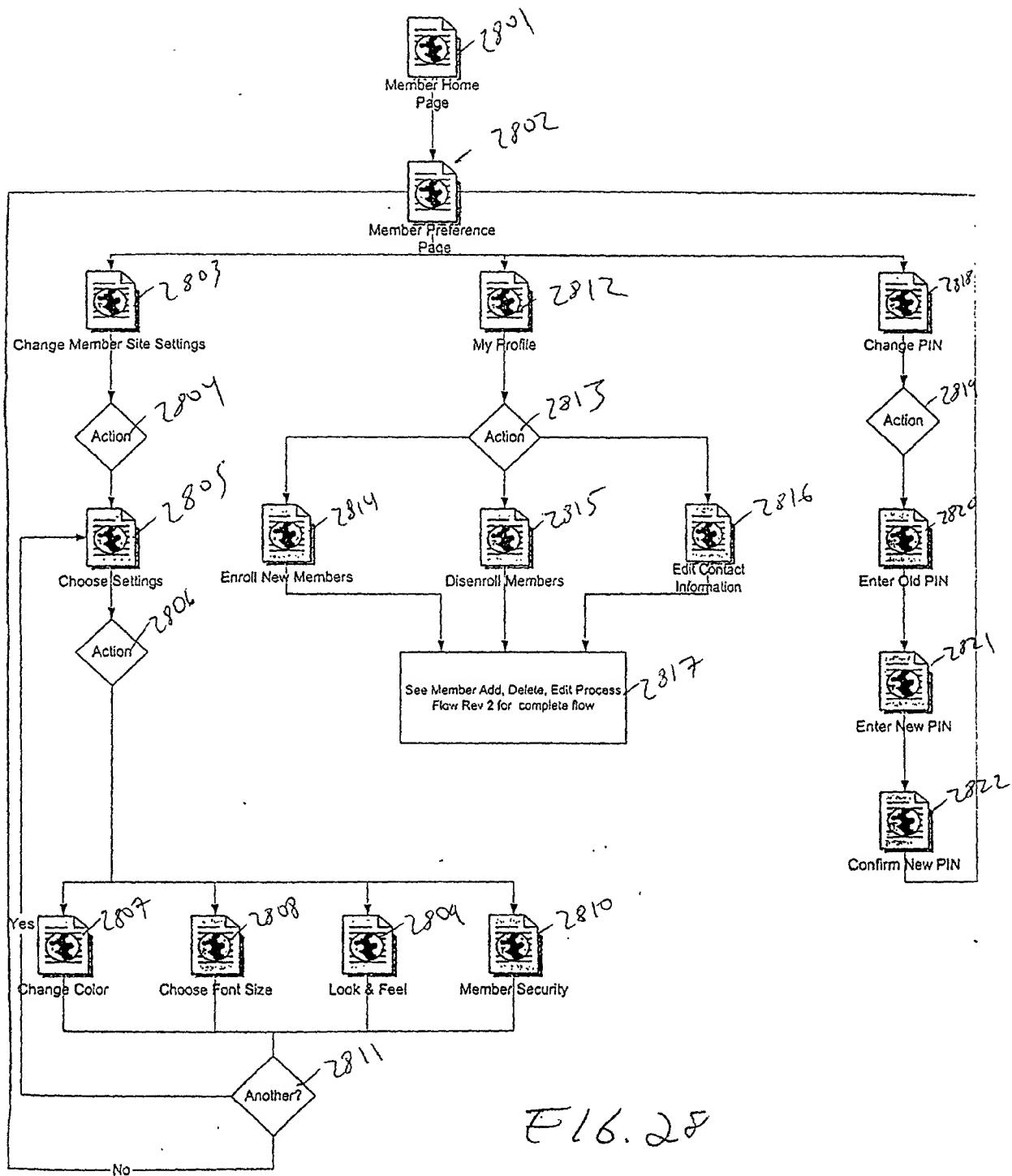
- Birth Control

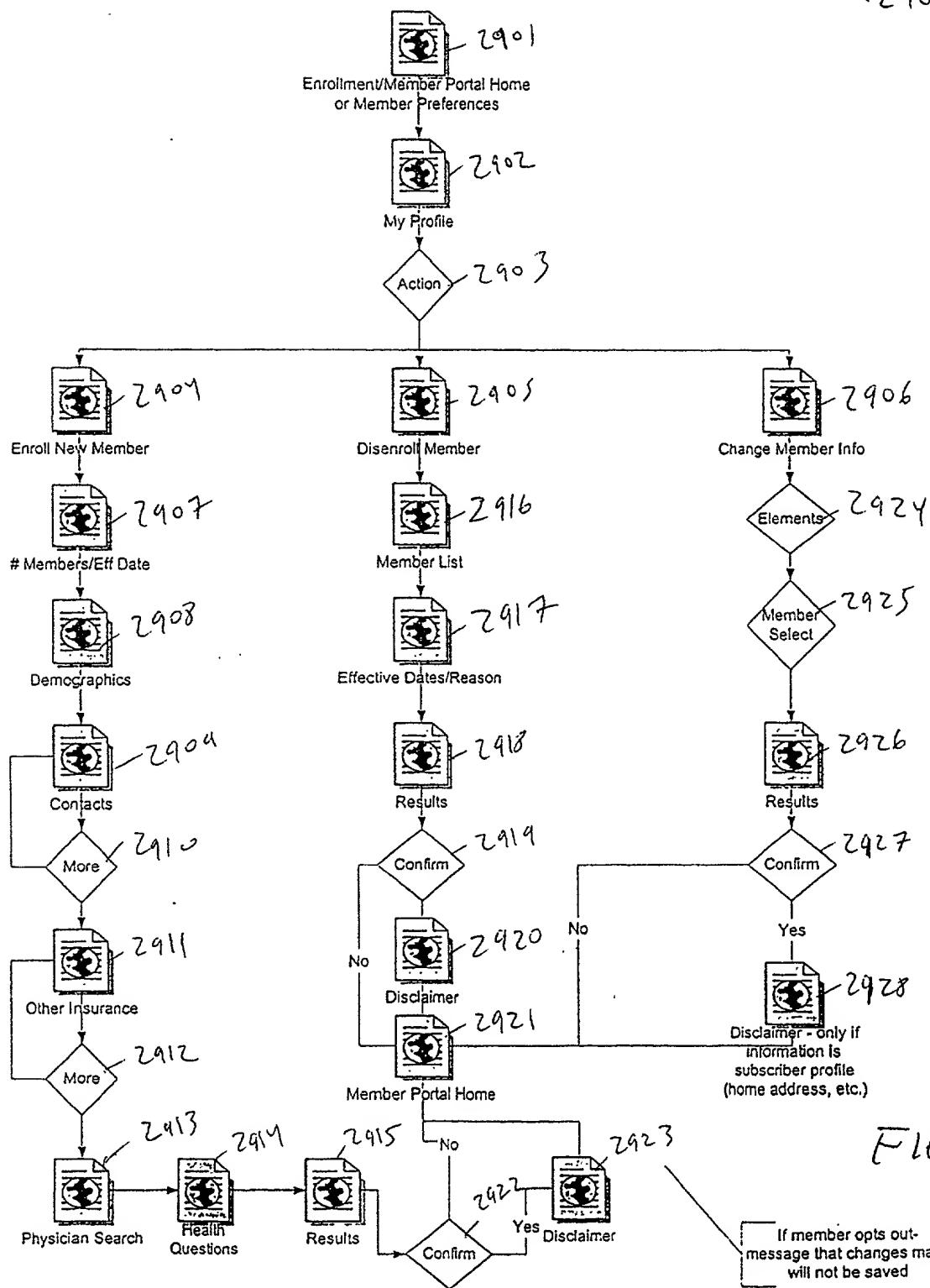


F16.26



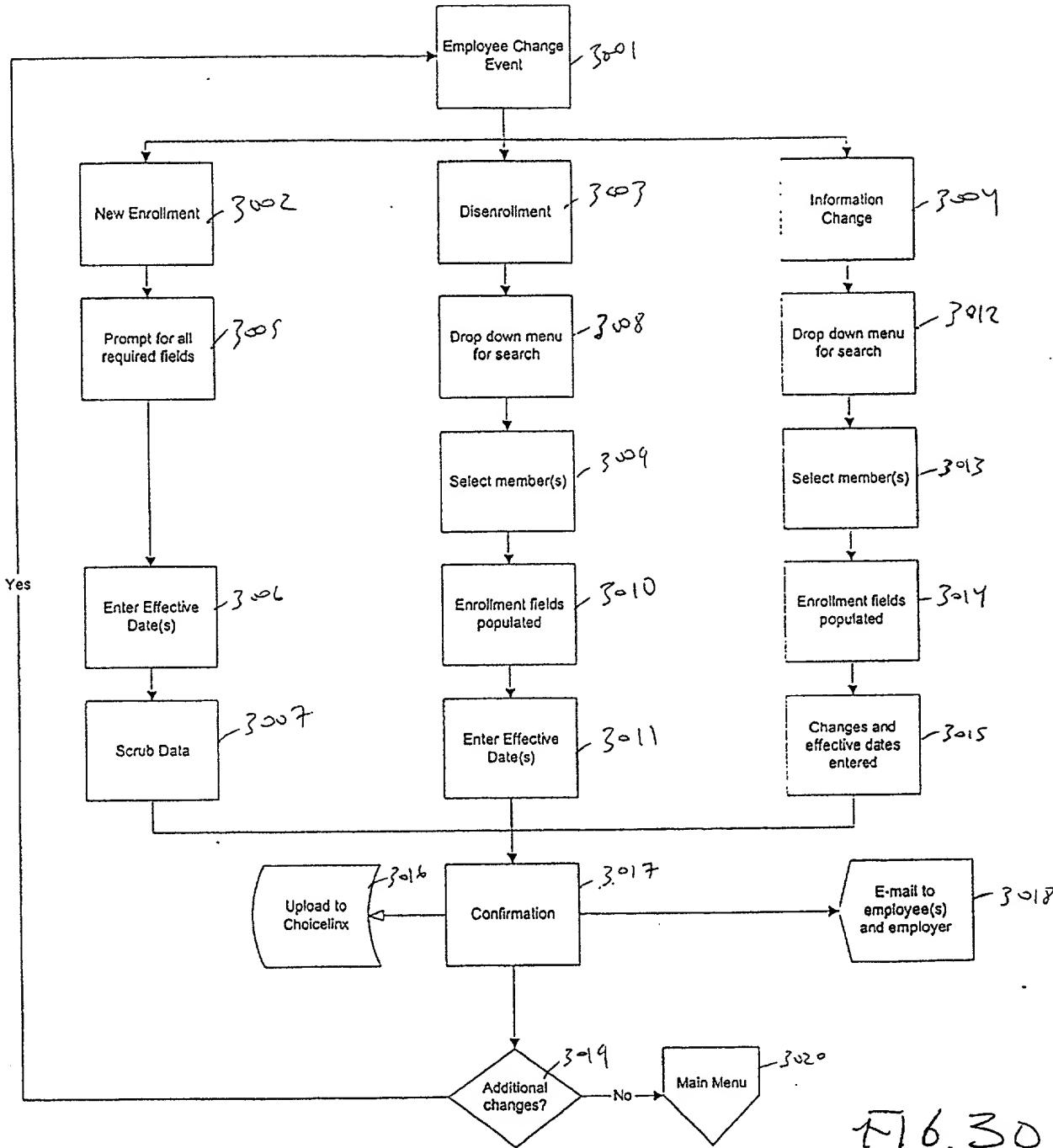
E16.27





F16 29

If member opts out-
message that changes made
will not be saved



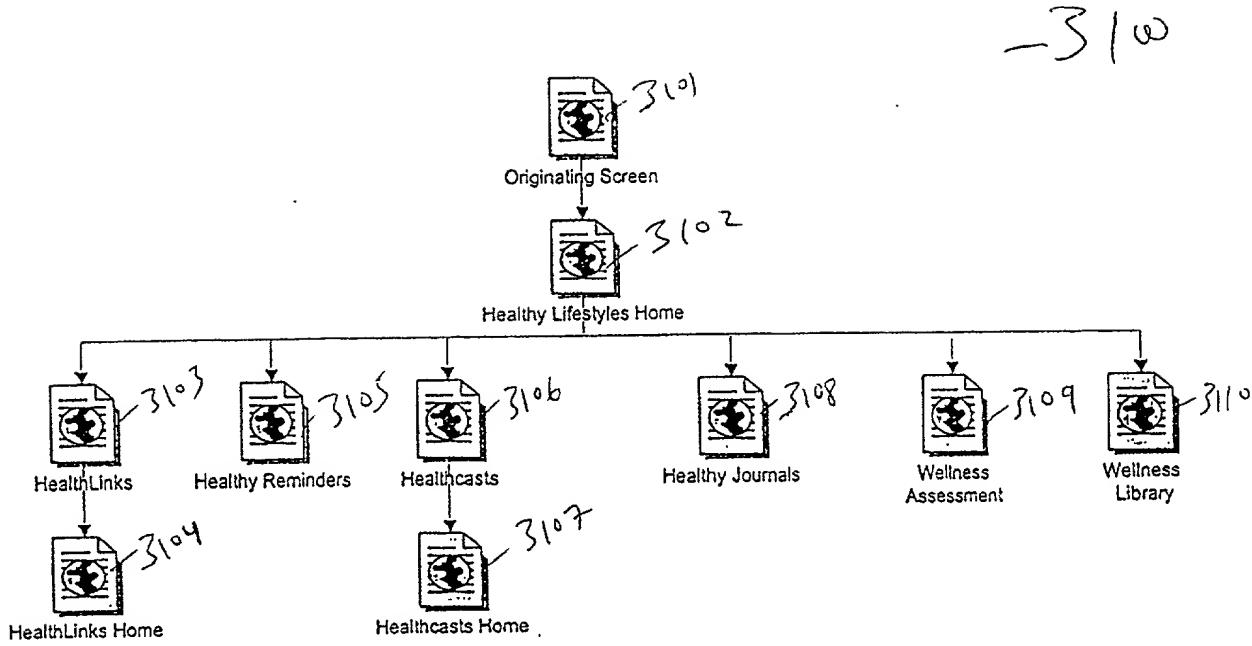


FIG. 31

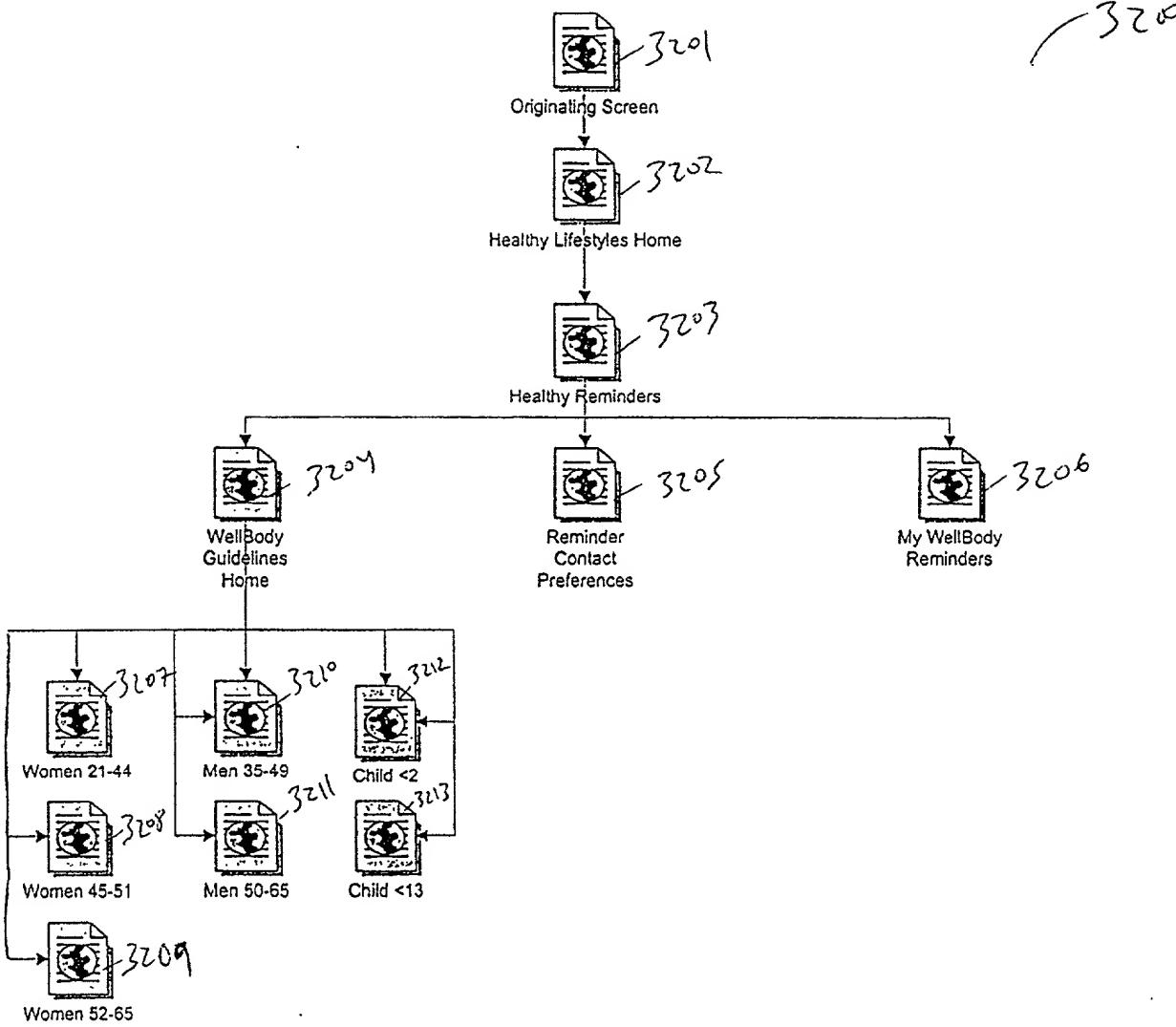
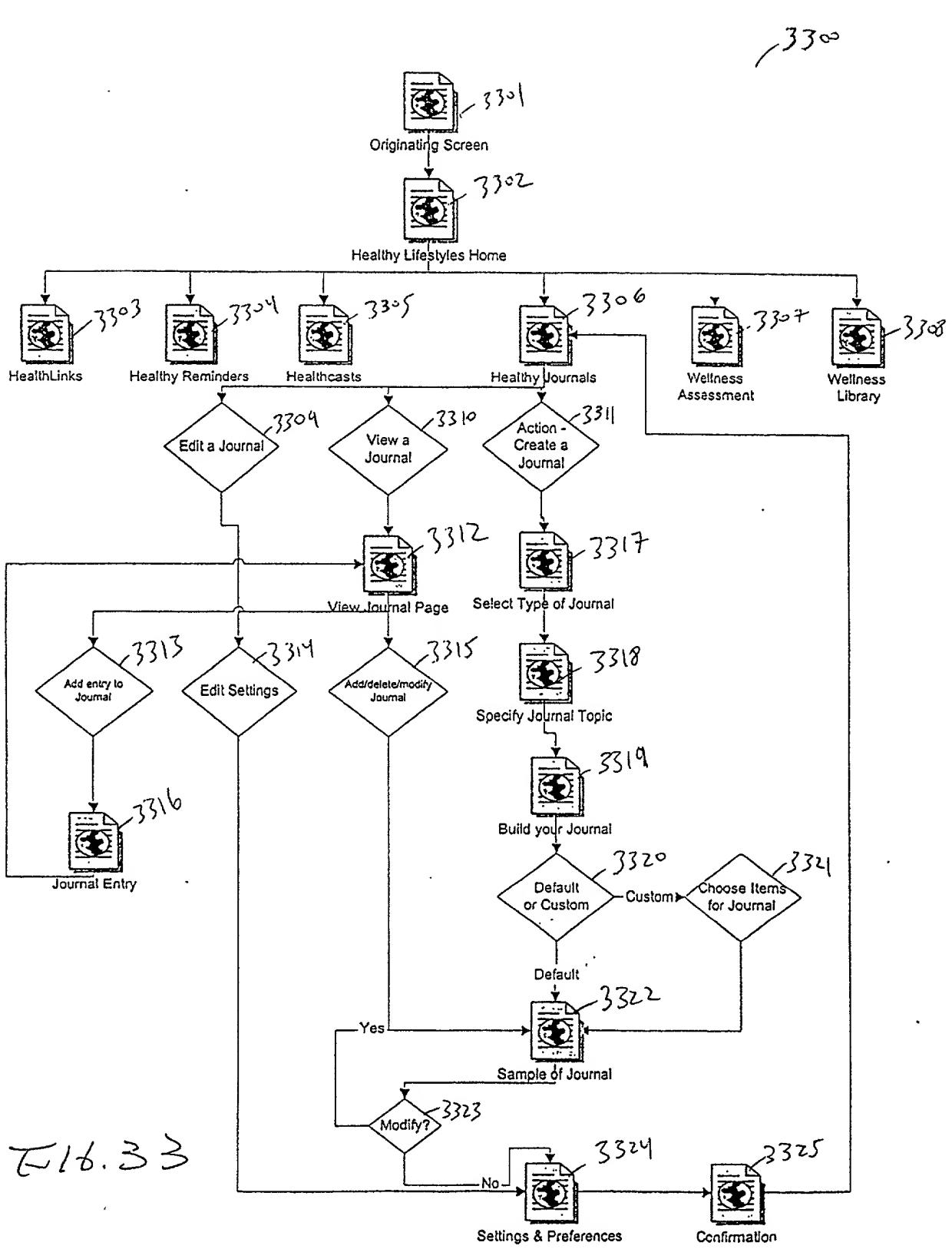
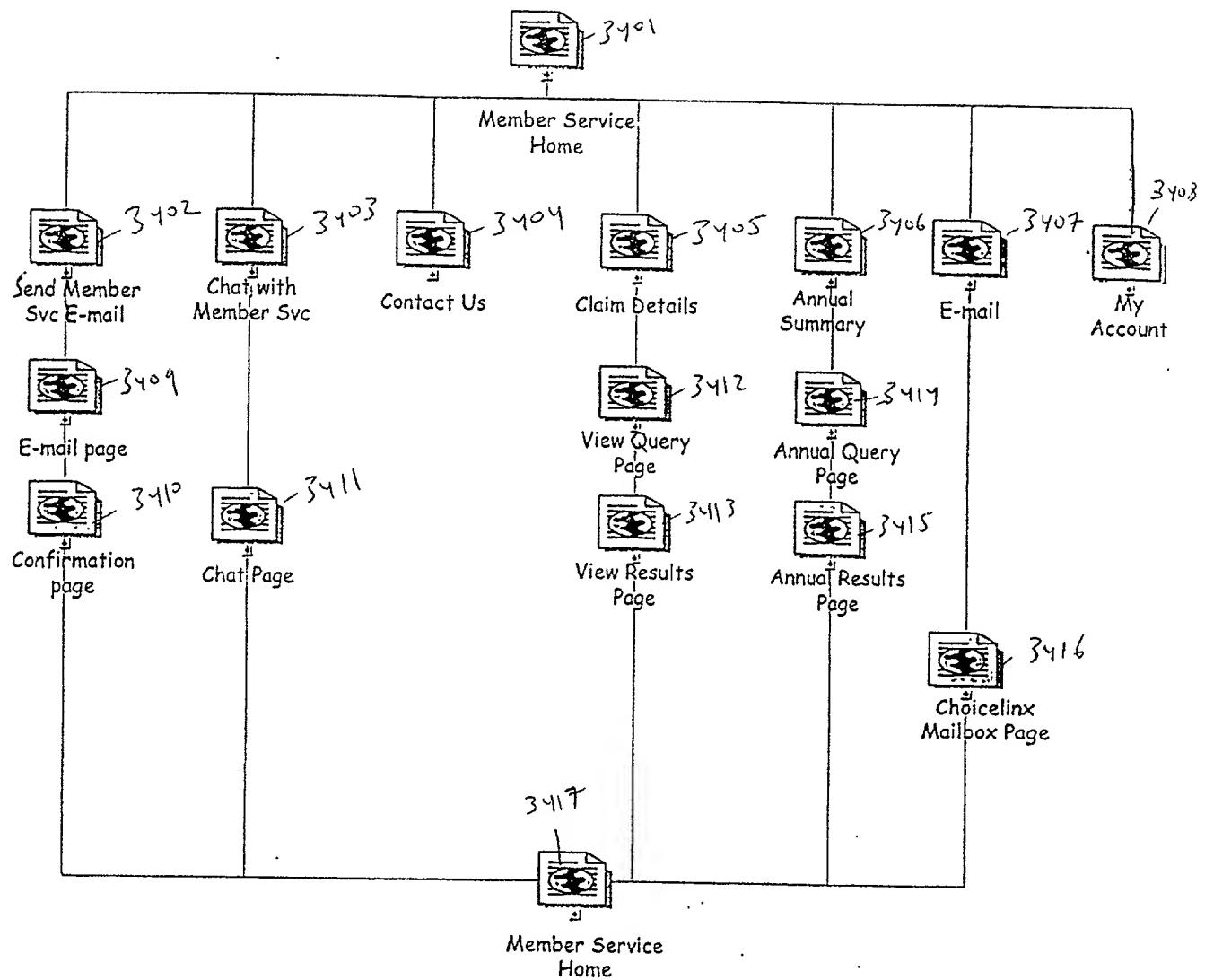
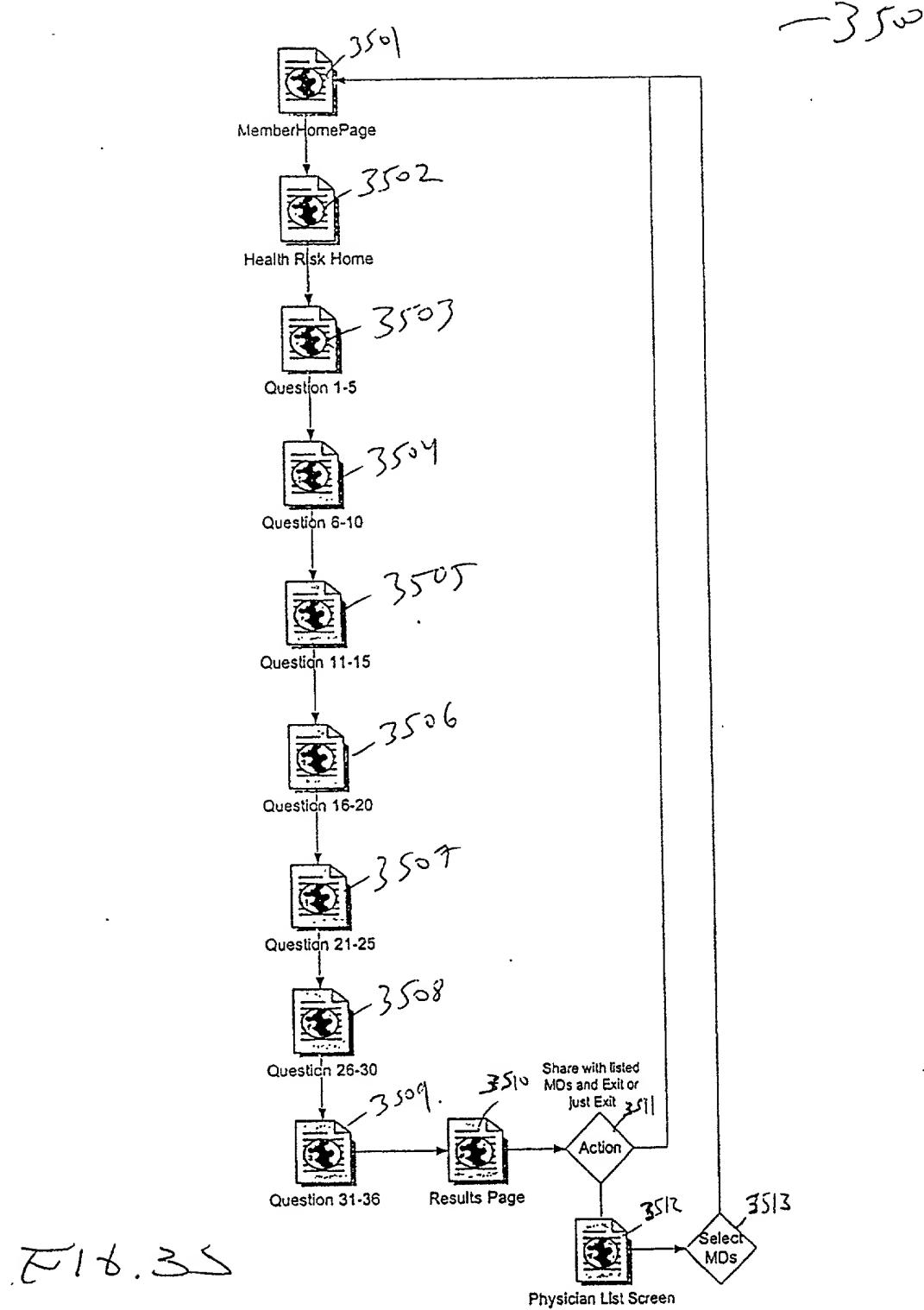


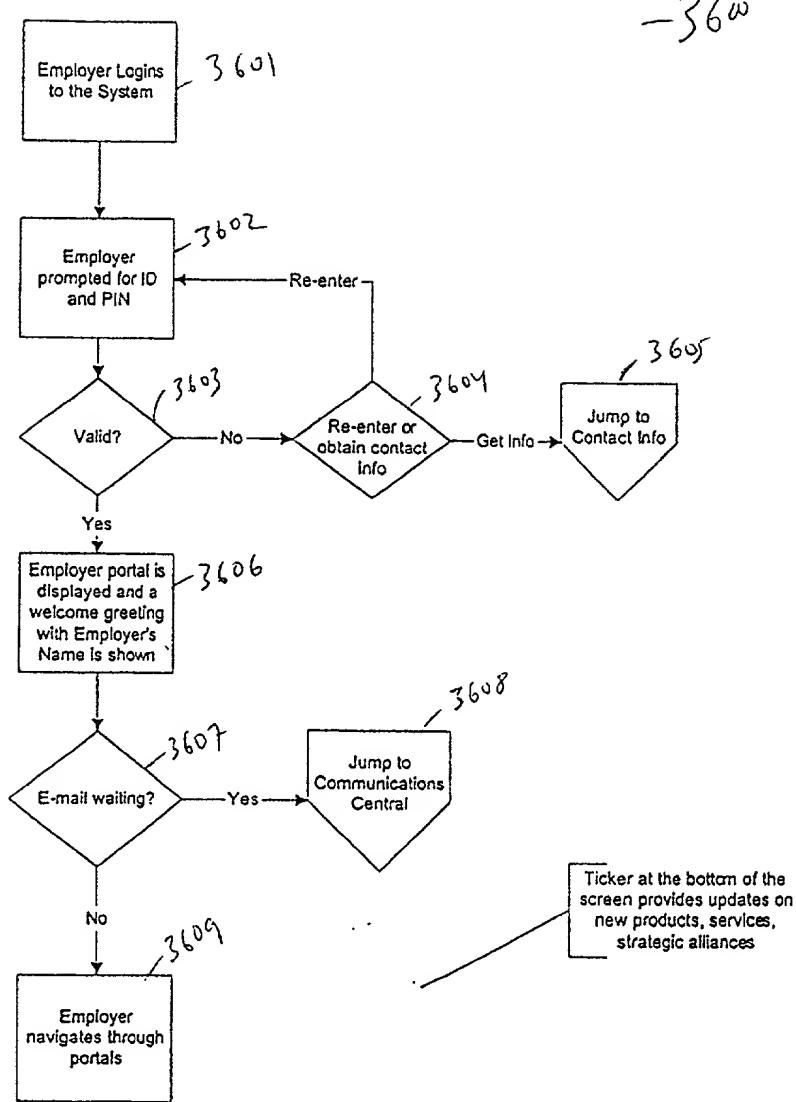
FIG. 32



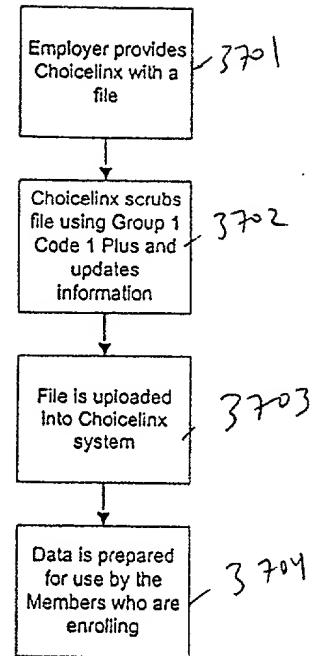


F16.34



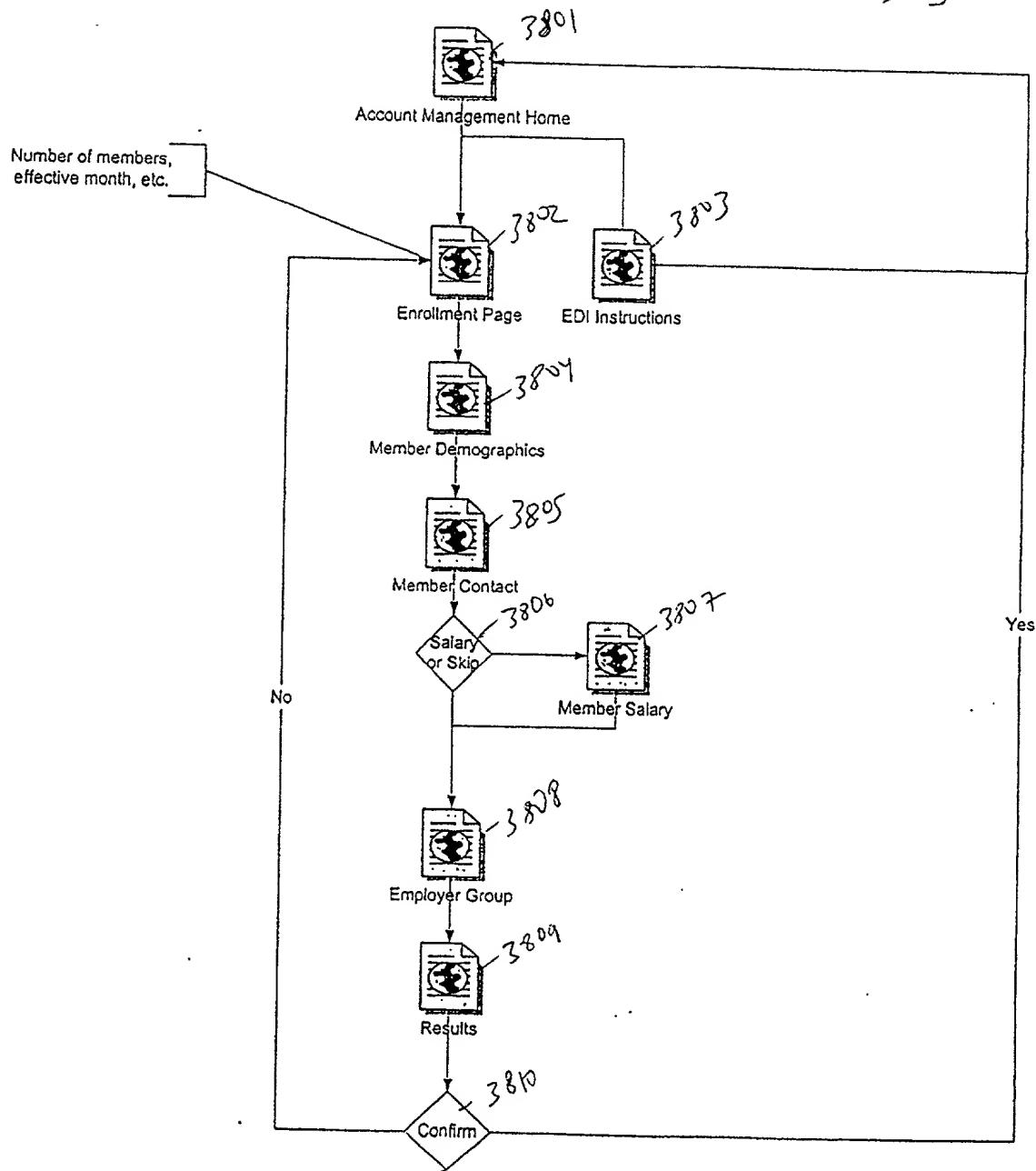


F16. 36

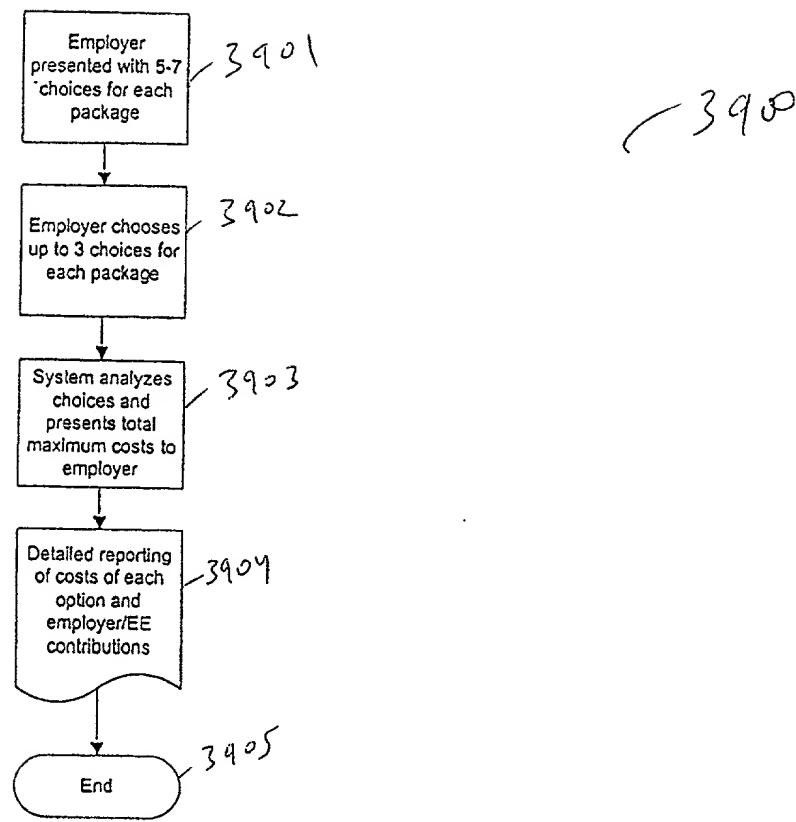


-3700

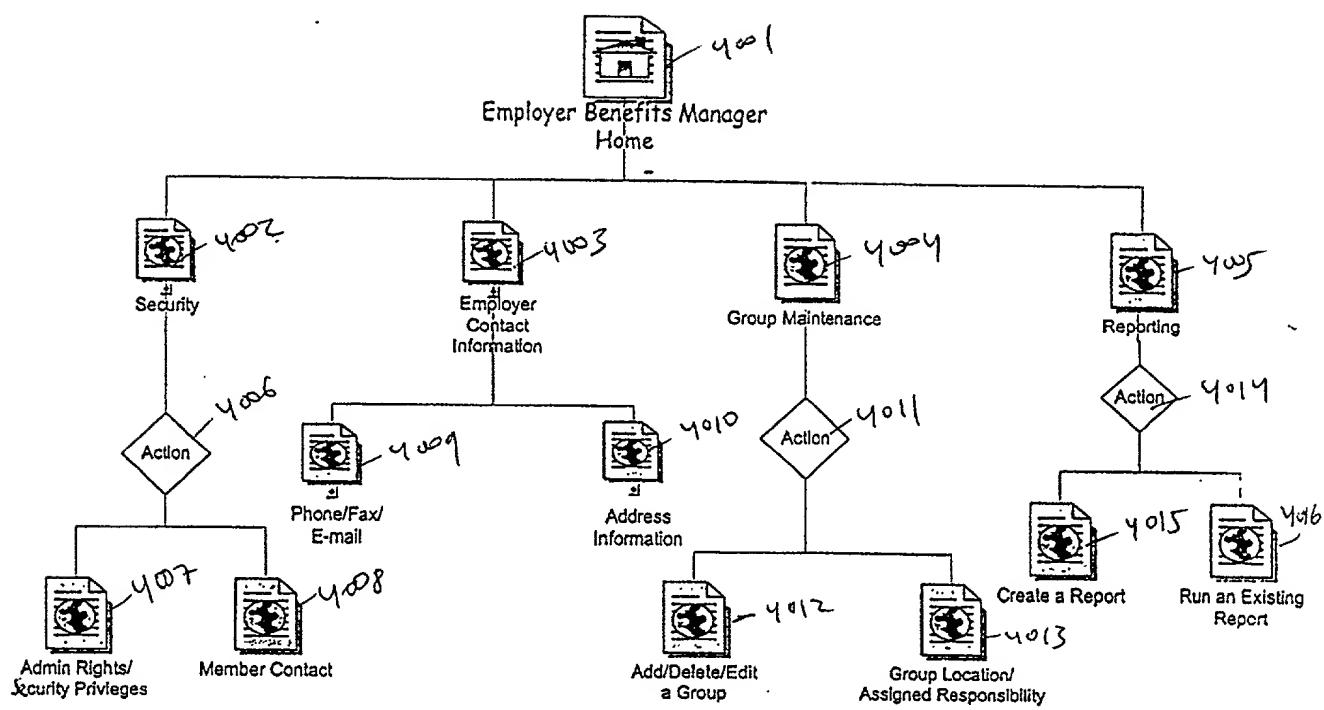
E16, 37



F16. 38



E16.39



F16. 40

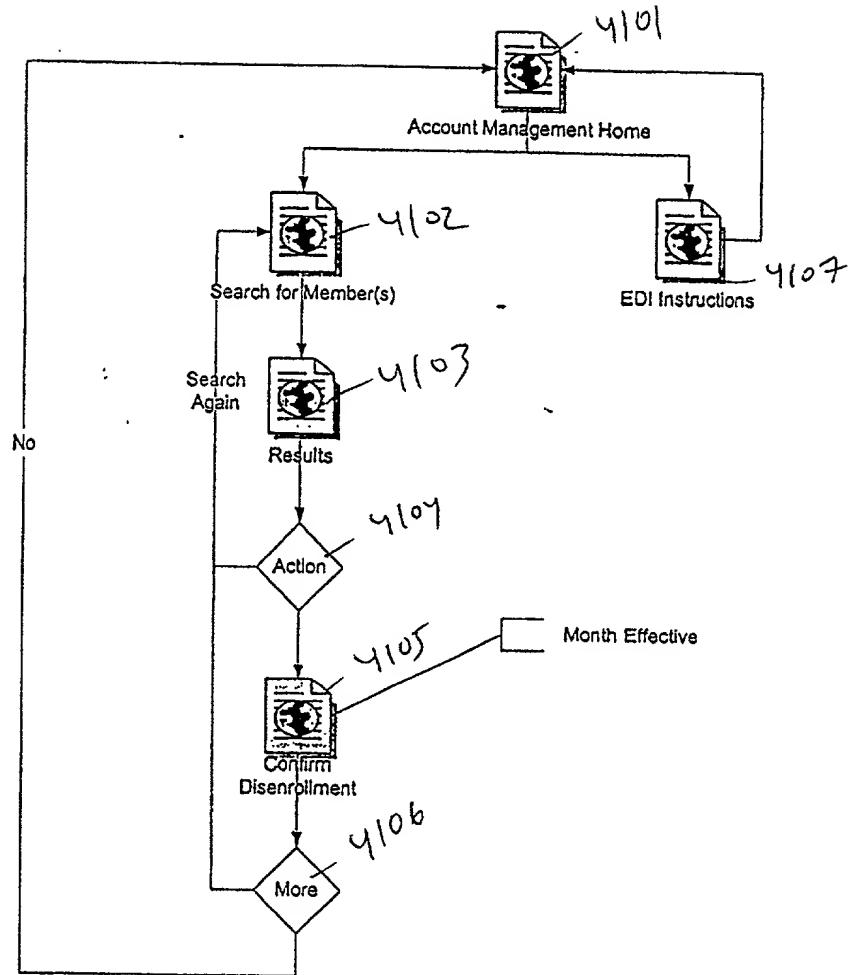
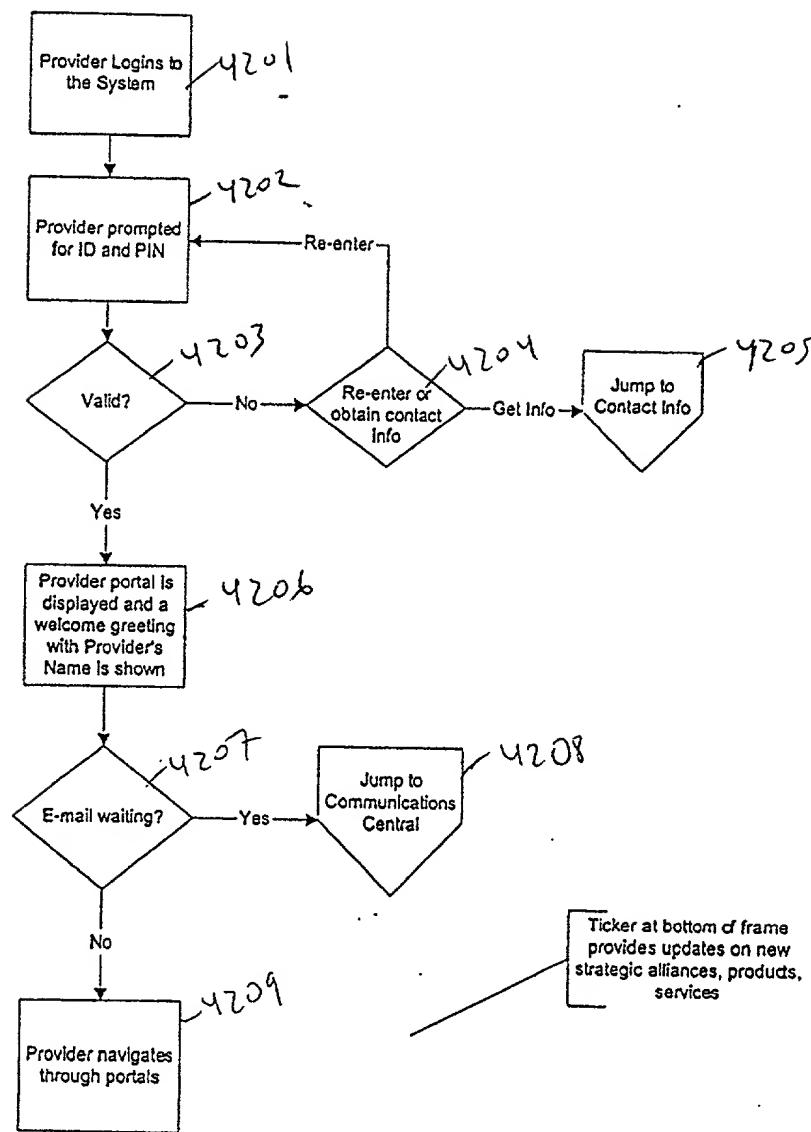
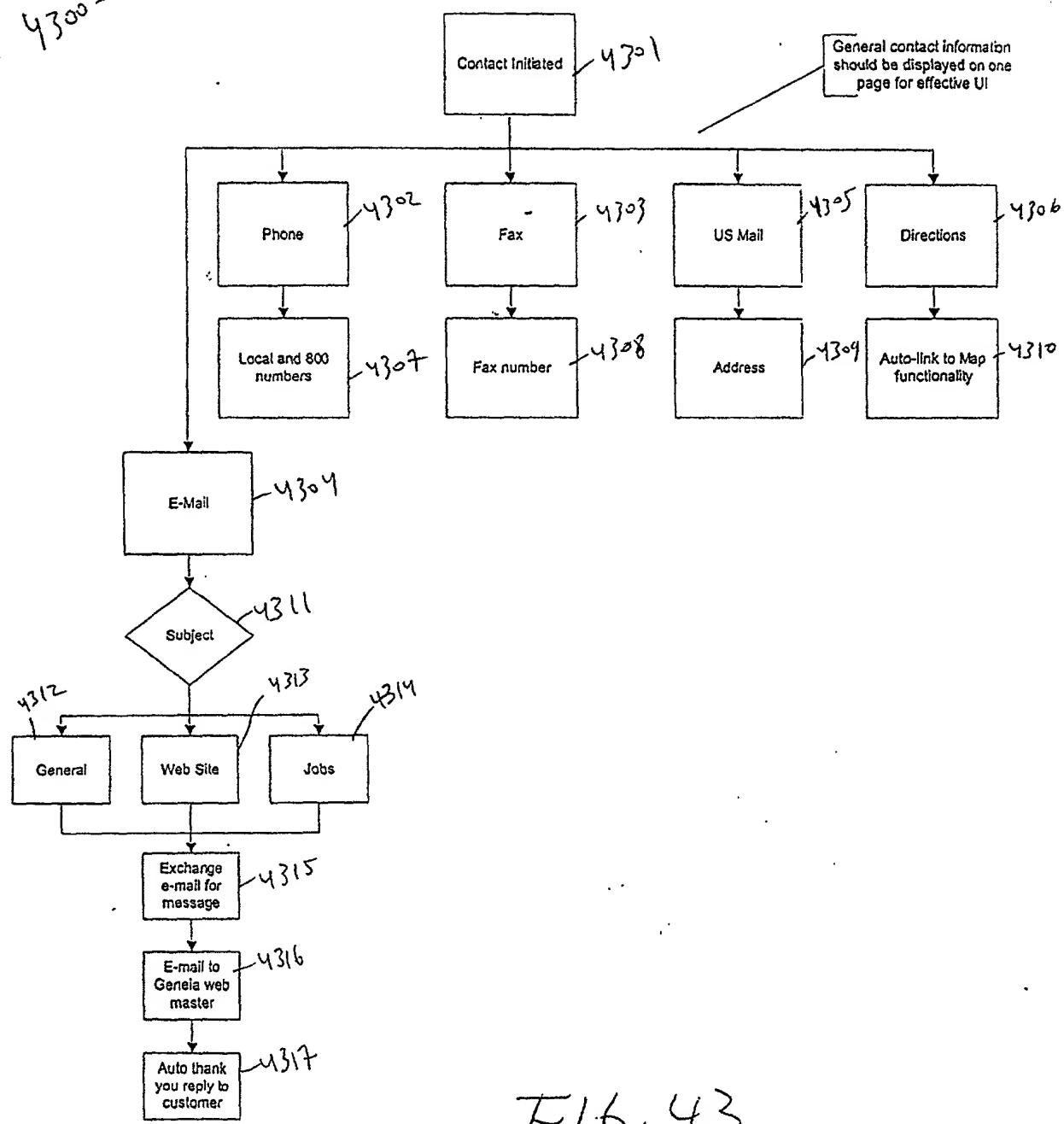


Fig. 41

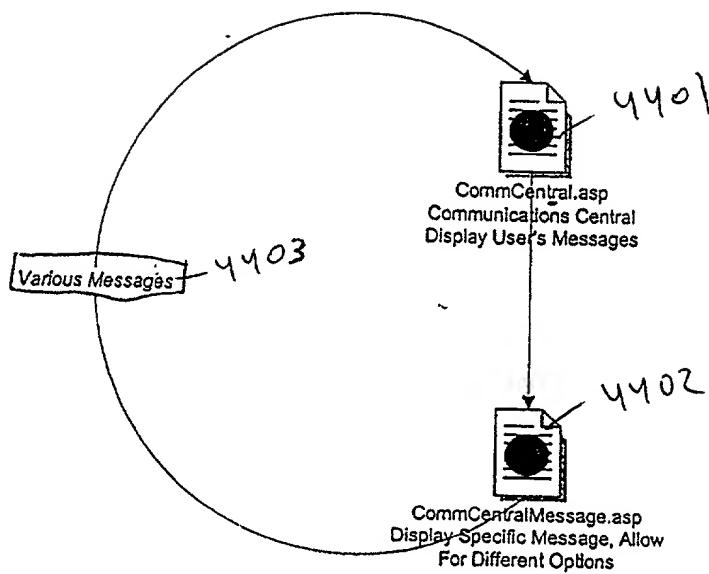


E16. 42

4300 -



F16.43



16. 44

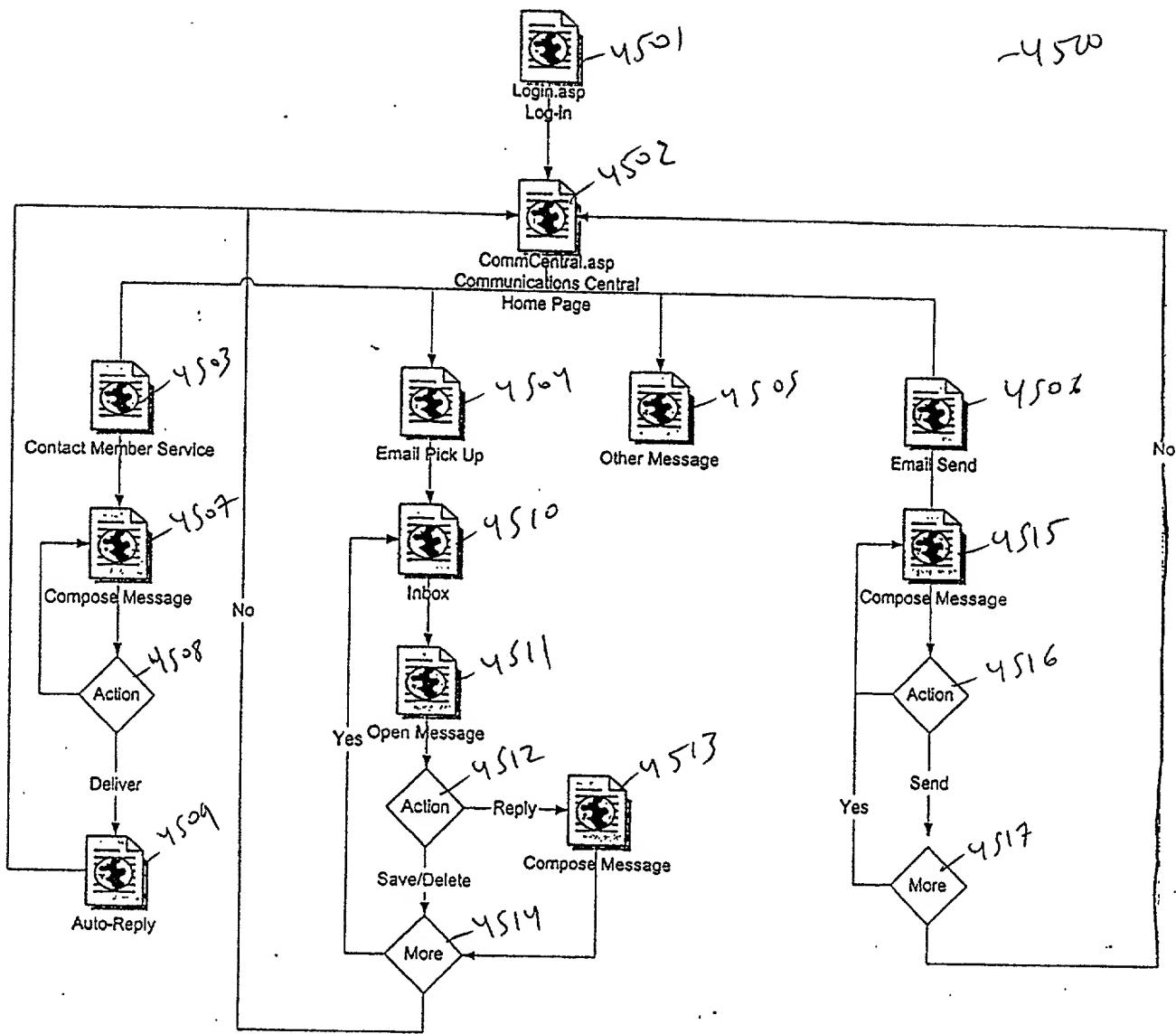


FIG. 45

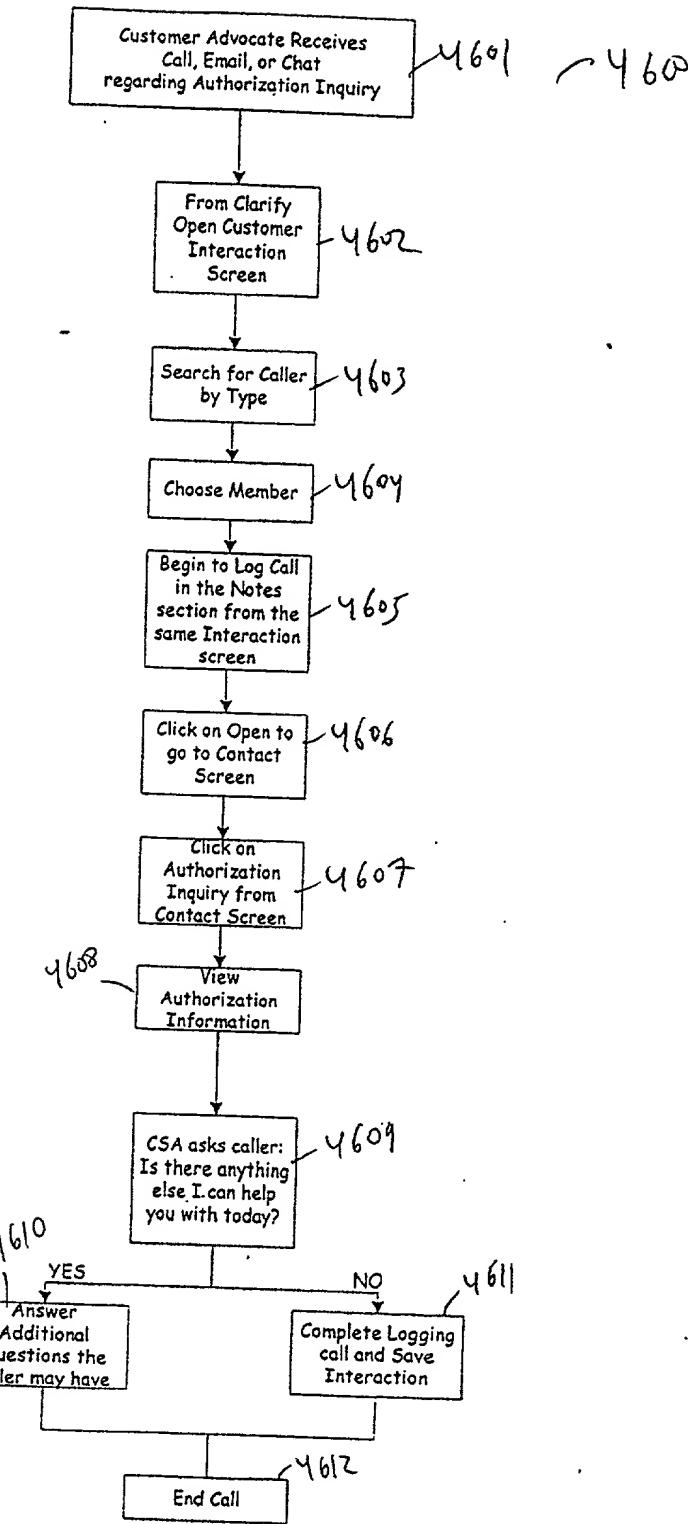


FIG. 46

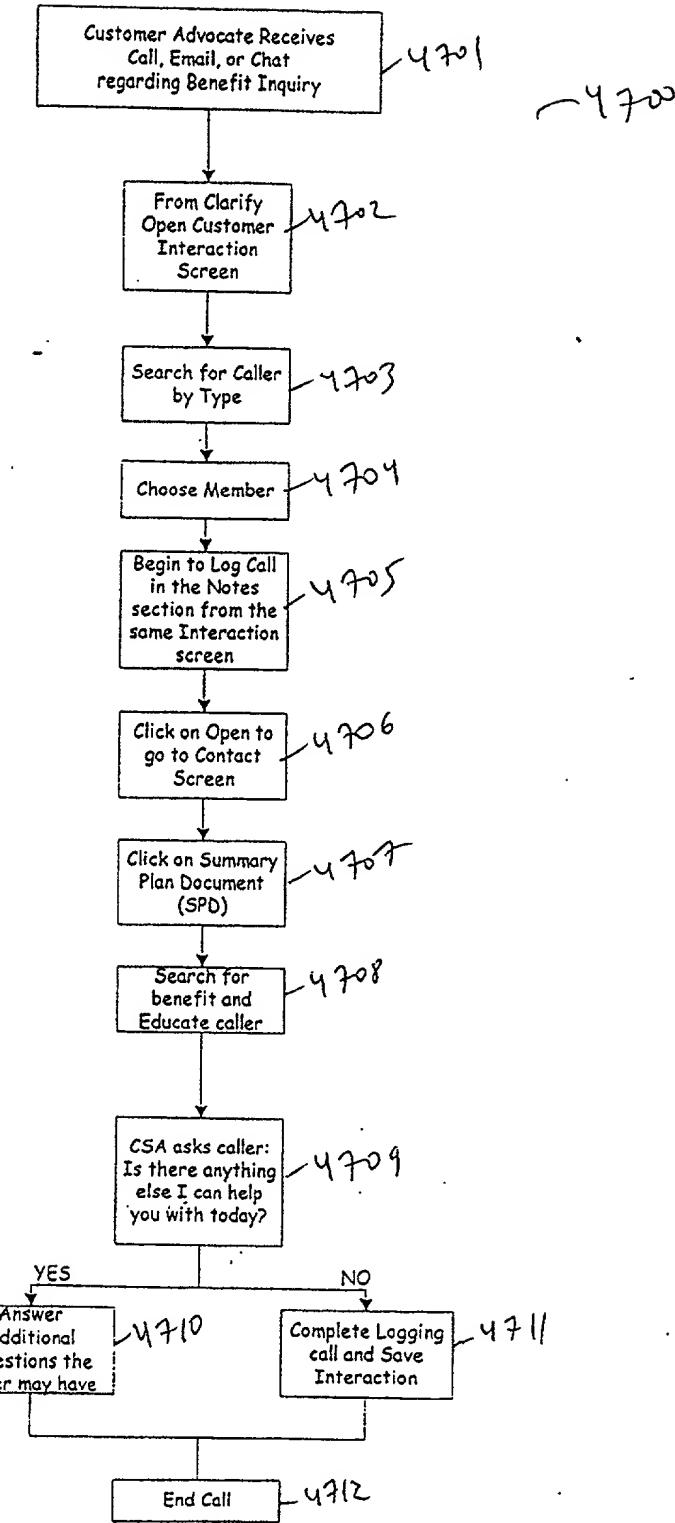


FIG. 47

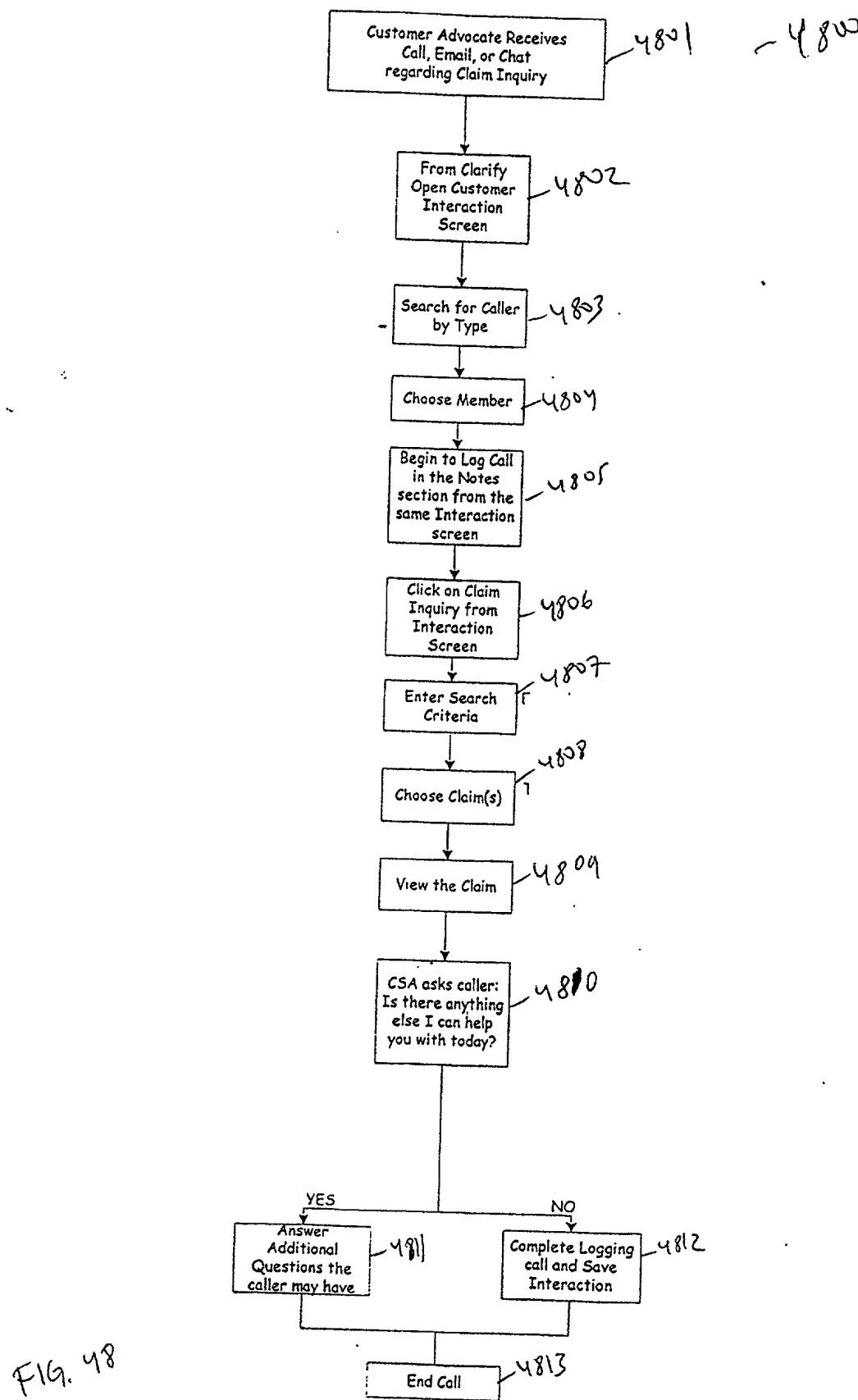


FIG. 48

FIG. 49

490

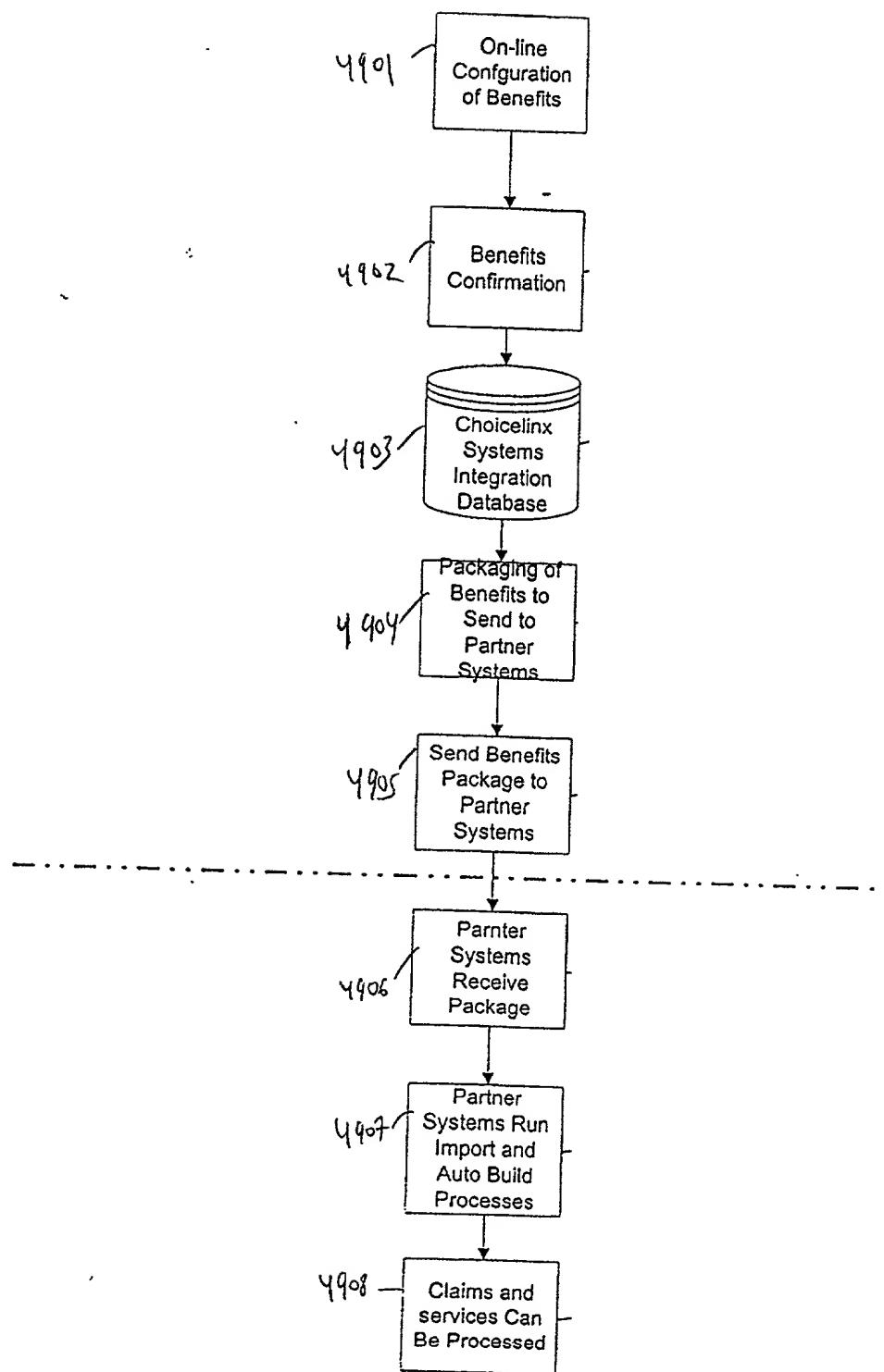


FIG. 50

5000

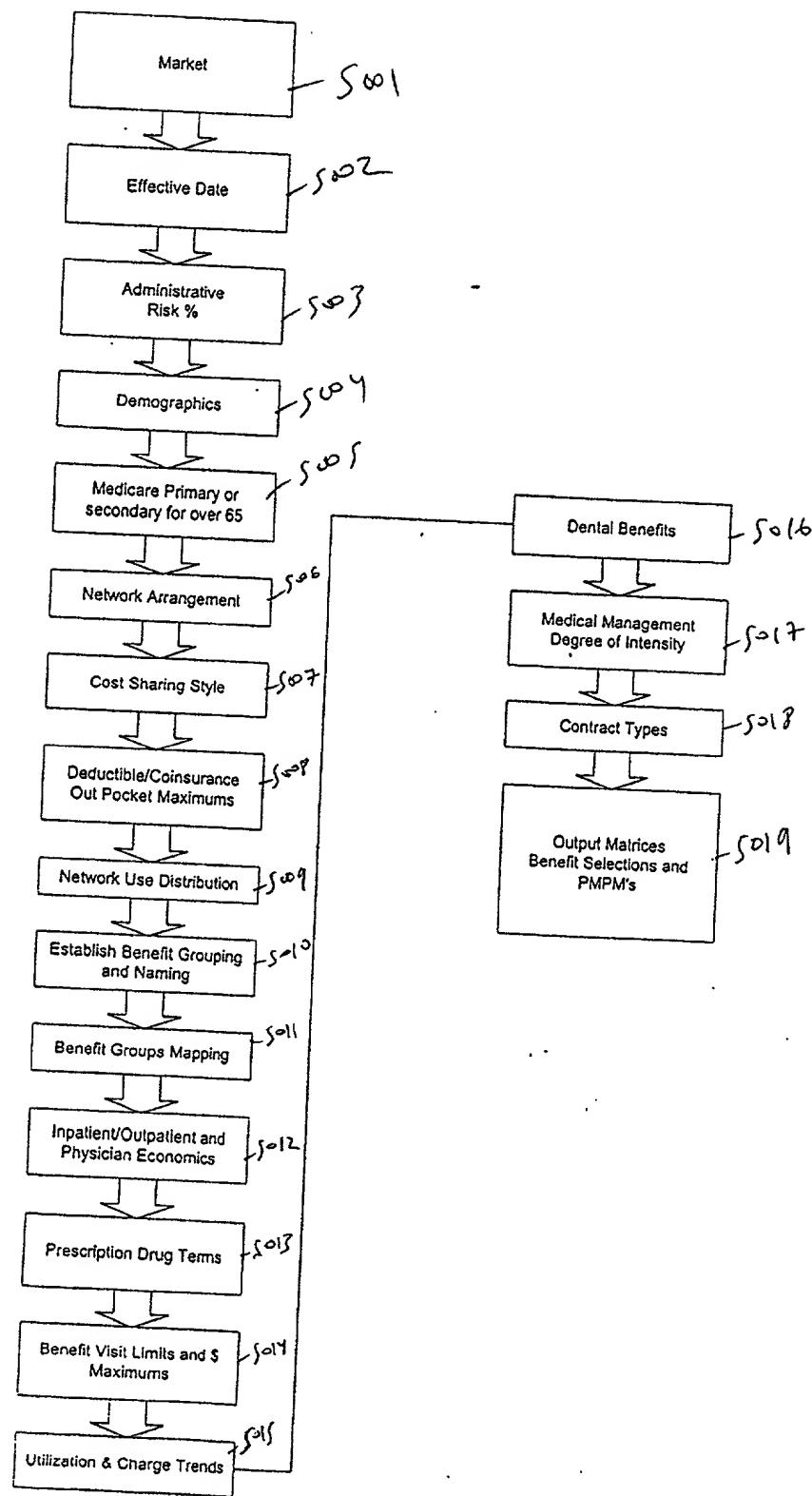


FIG. 51

— 510

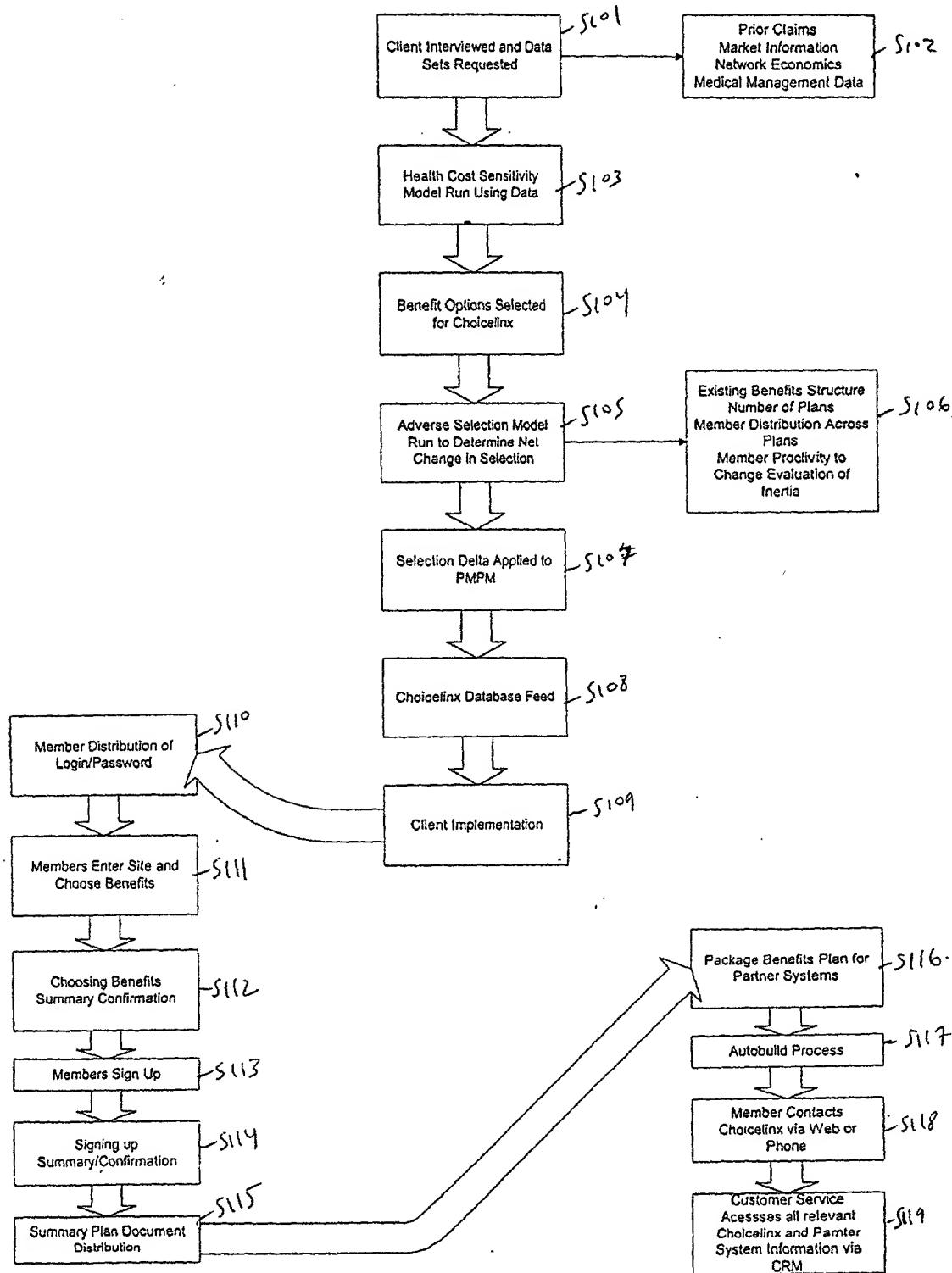


FIG. 52

— S20

